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A Monograph on Services To Battered Women

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INTRODUCTION

In the last 4 years the general area of domestic violence, especially the battering of women, has gained national attention. In a loosely organized "battered women's movement," diverse groups, including State legislatures, the Federal government, feminists and women's advocates, mental health clinics, churches, hospitals, police departments, and social service departments are working together to increase public awareness of this problem and provide services to victims of abuse. Indeed, most services now existing for battered women are the result of determined local community advocates working in cooperation with public agency networks.

A battered woman, for purposes of this study, is one who is subjected repeatedly to physical and/or psychological abuse by her husband or lover. In an effort to catalog the aid available to her, the Office of Human Development Services, DHEW, made a grant in December 1977 to the Colorado Association for Aid to Battered Women (CAABW) to conduct a national survey of services to battered women. The results are presented in this monograph, which the authors hope will help other service providers to select a system to best serve the battered women in their communities and avoid problems which other providers have encountered to date.

In conducting this survey, CAABW first reviewed the literature on battering and services to battered women, a summary of which comprises Chapter 1. Secondly, it mailed a questionnaire to all known services specific to battered women in the United States (see Appendix B), the results of which are presented in Chapter 2. The programs so described were grouped into clusters based on orientation, variety of services, and structure, and eight representative programs were selected for site visits. Reports on these site visits are contained in Chapters 3 through 10. A conference also was held for representatives of the eight sites, researchers whose work related to battered women, and other service providers.

The information gathered through these activities is analyzed in Chapters 11-13, which discuss the people involved in service delivery, the actual services provided, and the methods or provision. A comprehensive treatment model, involving prevention, detection, service delivery, aftercare, and followup, is devised to provide a framework for the discussion.

Chapters 14 and 15 identify some issues related to research on battered women and suggest new areas of work.

The Bibliography includes references cited in the text, an annotated bibliography of manuals, periodicals, and references on feminist therapy.

As always, the need for funding is a critical concern. Accordingly, staff members of DHEW and other Federal agencies have compiled information explaining the various programs related to battered women's programs. These data are included in the Appendix.

Part I

Chapter 1

REVIEW OF THE LITERATURE

Historical and Religious Precedents

There are no written records on male-female relationships prior to about 2,500 years ago. Still, many historians and anthropologists agree that during preagrarian society, women enjoyed a status at least equal to that of men. Speculative theories regarding early man and woman have been proposed by Frederick Engels (1948), Simone de Beauvoir (1953), and Susan Brownmiller (1976). In reference to primitive woman, Engels stated, "Women were not only free, but they held a highly respected position in the early stages of civilization and were the great power among the clans" (cited in Martin, 1977, p. 29). Engels held that because human beings lived in a state of promiscuity, lineage could be traced only through the female line. It was the movement from polygamy to monogamy that brought about the overthrow of the "mother right," he felt, for with ownership of property and man's awareness of his part in procreation, the woman's status began its decline (cited in Davidson, 1978).

De Beauvoir (1953) asserts that woman has been prevented from becoming an equal working partner with man since primitive society because of her biological weakness and inferior productive capacity, a state to which she has passively submitted.

Brownmiller (1976) speculates that the fear of rape probably was the single cause of the original subjugation of woman by man, as opposed to a natural inclination toward monogamy and motherhood. According to Brownmiller, women chose monogamous mating to protect themselves, but in turn they reduced their status to that of chattel. Ancient marriage practices, such as brideprice or dowries, gave credence to the view of women as property.

The mistreatment of women is reported from virtually every culture. The Talmud, the Old and New Testaments, and the Koran contain writings sanctioning woman's subjugation to the husband in virtually all matters (Langley and Levy, 1977b). The Greek and Roman secular laws supported the dominance of husbands over wives, and Roman customs gave male heads of households complete power of life and death over persons within their family (Dobash and Dobash, 1978). These authors suggest that wife abuse began with the rise of patriarchy.

In Europe during the Middle Ages noblemen and serfs alike regularly beat their wives, who were advised by clergy to increase their submissiveness and devotion to alleviate their husbands' displeasure. One of the world's most influential lawmakers was Napoleon Bonaparte, whose civil code legislated women into a position in which they could be victimized by their spouses. In fact, he favored the punishment of a criminal's wife in order that she share her husband's misfortune (Davidson, 1978). Wife beating was not made illegal in France until 1924 or in Scotland, Iran, and Italy until the 1970's (Martin, 1977).

As would be expected, the early settlers of America maintained the European attitude toward women. The laws of the United States were based on English common law which explicitly permitted wife beating for correctional purposes (Martin, 1977). Sir William Blackstone, writing the Commentaries on the Laws of England (1765-1769), stated:

> For as (the husband) is to answer for her misbehavior, the law thought it reasonable to entrust him with this power of chastisement, in the same moderation that a man is allowed to correct his apprentices or children.
>
> (Davidson, 1978, p. 102)

Following the French Revolution, the British philosopher John Stuart Mill (1806-1873) wrote critical essays and petitioned Parliament on behalf of women's rights in general and the battered women in particular. In *The Subjugation of Women*, he states, "From the earliest twilight of human society every woman was found in a state of human bondage to some man" (cited in Davidson, 1978, p. 106). When his work was published 8 years later, Prime Minister Benjamin Disraeli, who had promised to do something about the plight of battered women, failed to take action (Davidson, 1978).

Legal reform in the United States was initiated in the early 19th century. Some states even passed the Married Woman's Act after the Civil War, allowing a married woman the right to ownership of property, to enter into contracts, to keep her earnings, to establish her own residence without her husband's permission, and to sue in her name. Since then, most State laws have changed so substantially that they now permit the assaulted wife to initiate criminal action. Calvert states, however, "Some states have

enacted specific husband-wife assault statutes and these laws denote that the injury to the wife must be *more* than what is required for battery" (Calvert 1975, p. 89). Furthermore, legal action initiated by wives can be impeded by the practice of upholding the common law immunity of the husband. Calvert (1975) quotes *Blackstone's Commentaries* to illustrate this immunity.

> By marriage the husband and wife are one person in law, that is, the very being or legal existence of the woman is suspended during marriage or at least is incorporated and consolidated into that of the husband. (p. 89)

Since the husband and wife were regarded as one legally, a dilemma surely exists.

> Even today the only recourse for a wife is the criminal law or divorce. The former is difficult to invoke and the latter is an extreme step. Nevertheless, despite the ambiguity of the law on this matter, it seems as though the right of husbands to use physical punishment is no longer present. (p. 90)

Incidence of Violence

The one recent, systematic epidemiologic study on the subject of domestic violence between spouses was conducted on a national representative sample. Based on these data, it is estimated that in any one year, approximately 1.8 million wives are abused by their husbands (Straus, 1978). In 1975, over 1.7 million people faced a spouse wielding a knife or gun (Straus, 1977). Over 28 percent of the survey sample had engaged in at least one physically violent incident against a family member during that year. One out of 16 American couples had engaged in severe violence in the survey year, as had an eighth of all American couples at some point in their marriage (Straus, 1977, p. 9).

Police records, though often inconsistent and inadequate, offer estimates of the incidence of woman battering. Police Foundation studies of domestic violence (cited in Stephens, 1977) indicate that disputes and disturbances comprise the largest percentage of police calls. In domestic assault/homicides in Kansas City, in 85 percent of the cases, police had previously responded to at least one call at the address where the crime occurred, and in half the cases they had been there five times prior to the crime. In Detroit over half the homicides were preceded by threats, and 63 percent concerned conflicts related to perceptions of sex roles.

Bunyard (1977) analyzed 367 cases of wife assault from the summons and complaints filed in the El Paso County Court in Colorado. Sixty-one percent of the complaints signed by the wife included charges of harassment, 72.3 percent described physical violence, and 5.5 percent complained of menacing. The remaining women complained of third-degree assault, defined as intentional infliction of bodily injury in cases where the injury is not severe or as negligently causing bodily injury by means of a deadly weapon.

In Baltimore, police report that 65.5 percent of murders in 1975 involved persons who were friends or relatives (Maryland, 1977). Boudouris (1971) studied homicides committed in Detroit from 1926 to 1968 and found that 50 percent involved family members or close friends.

The following statements from the October 1976 issue of "Response," a publication of the Center for Women Policy Studies, indicate the scope of the problem:

- —Almost one third of all female homicide victims in the State of California in 1971 were murdered by their husbands.
- —FBI statistics indicated in New York State, in 1973, 14,000 wife abuse cases were taken to court.
- —One District of Columbia study of 7,500 wives who attempted to bring charges against their husbands found that fewer than 200 actually achieved their objective.
- —In the metropolitan D.C. area, in 1974, two counties reported domestic quarrel numbers as: Fairfax County, 4,073, and Prince George's County, 8,440.
- —Montgomery County, Maryland, one of the most affluent areas in the country, reported 650 incidents of wife assault in one year.
- —The St. Paul, Minnesota Police Department said that about 100 police reports dealing with wife-beating are written each week; however, this figure does not include police responses to domestic incidents in which the woman decides not to press charges.
- —At Boston City Hospital approximately 70% of the assault victims received in the emergency room are women who have been attacked in the home. Where the assailant is specified in these cases, it is usually a husband or lover.
- —33.6% of Kansas City homicides and 31.6% of the aggravated assaults in that city occur in domestic disturbance situations.

Investigation of divorce action files also produces data on the incidence and extent of physical abuse. Levinger (1966) reports that of 600 couples who applied for divorce, 36.8 percent of the wives and 3.3 percent of the husbands listed physical abuse as a

complaint. Chester and Streather (1972) found even greater incidences of abuse in their 1967 investigation of 8,800 divorces. Physical abuse was part of the complaint of 90 percent of these women, and a majority maintained they were victims of repeated abuse. Attorneys in Maryland and the District of Columbia estimate that 50 percent of all marriages involve some degree of physical abuse of the wife (Langley and Levy, 1977a).

In 1974, University of Michigan social work students and National Organization for Women (NOW) volunteers found 740 cases of wife assault complaints in the files of Washtenaw County Police—some 35 percent of the county's assaultive crime. Eisenberg and Micklow (1977) conducted interviews with 20 known victims of wife abuse to discover that 19 were beaten during the first year of marriage.

Wife Abuse/Husband Abuse

In "The Battered Husband Syndrome," Steinmetz (1978) shifts the research focus from wife abuse to battered husbands. She proposes that there are an equal number of husbands who are battered by their wives as women who are abused by their husbands. Further, she suggests that .6 percent of husbands and 7 percent of wives are victims of serious abuse, according to preliminary data collected on 60 families in Delaware.

Her speculation is that women are more inclined to verbalize their battering experiences, while men are reluctant to reveal that they have been physically abused to preserve their masculine, dominant image. Additionally, men may have come to expect and accept violent treatment because they have been abused as children or have engaged in wife beating themselves.

Steinmetz's speculations have, however, been challenged by her colleagues. For example, Pleck, Pleck, Grossman, and Bart (1978) cite Steinmetz's inaccurate presentation of data as the focal point in their critique. They observe that in the empirical data section of her study she summarizes, "The data suggests that the percentage of wives having used physical violence often exceeds that of the husbands" (p. 503). But as they point out, none of the five studies indicates that wives are higher in total violence. Furthermore, an examination of each of her 26 categories indicates that wives exceed husbands in violent behavior in only eight cases, that women are equal in five, and are less in 13. Pleck and coworkers further observe that the question of which partner is capable of inflicting more injury is not adequately considered. They suggest that, when women strike out at men, it is in self-defense.

Additional statistics demonstrate that the proportion of battered women to battered men is much higher than that suggested by Steinmetz's data. Figures from New York City hospitals for a 6-month period in 1977 show that there were 490 cases of battered wives and 2 of battered husbands (Fields, 1978). Gelles (1974) also reports a higher incidence of wife than husband abuse, with 47 percent of husbands in his sample hitting their wives regularly, and only 11 percent of the wives doing the same. Dobash and Dobash (1977), examining 33,724 records in Scotland, found 759 wife assault and 12 husband assault cases.

Socioeconomic Status

Battering of women appears to occur across all socioeconomic status (SES) and racial groups. Straus (1977) reports little difference between white and blue collar approval of family violence, although the incidence and seriousness of domestic violence was greater in blue collar households. Warrior (1975) speculates that less violence occurs in middle class families because the more affluent husband has more subordinates outside the home to absorb his aggression and because he has more interest in preserving his image. In a study of 80 families, Gelles (1974) found that 84 percent of the husbands in violent families had lower prestige jobs than their neighbors, and 64 percent had less education. The income level, however, was not a predictable indicator for violent behavior. In addition, Gelles reports that median status workers are mostly likely to be violent, low status workers exhibit frequent violence, and unemployed men engage in the least amount of violence. It must be remembered, however, that Gelles's data came from families already known to the police or other agencies, which makes them unrepresentative.

Walker (1979) speculates that people from different SES levels seek help from different sources and that violent behavior is found in all levels. Grambs (1977) also reports that battering is as prevalent in upper and middle class families as poor ones, but because the poor use public service more often, data on them are readily available.

Davidson (1978) also comments on the prevalence of battering among the middle and upper classes. She reports, "One of the nation's most affluent communities, Montgomery County, Maryland, reported having 700 incidents of assaults against wives by husbands each year" (p. 5). Findings showed that incomes of reported wife beaters ranged up to $40,000 a year and educational levels reached the doctoral degree. In addition, Davidson (1978) observes that, "Wives from working class families seemed to have

much stronger resources than middle class wives" (p. 69). These working class women tend to have less fear and more control over their own lives than the middle class women. The middle class women she interviewed appeared too threatened to discuss their marriages freely, perhaps because they feared loss of status and material possessions and suffered embarrassment over "lower class type" behavior appearing in their marriages. In addition, Davidson cites the middle class taboos against taking a husband to court, calling the police, or admitting the battering as the underlying causes of the lack of perceived options.

Women from upper and upper middle income brackets typically do not use shelter or community resources and are thus not represented in statistics (Pagelow, 1976). This, too, has resulted in distorted data, making it appear that there is a higher percentage of battered women in low income groups than in high income groups. It may well be that women with greater financial resources are able to leave a household to seek shelter in a hotel and to obtain assistance from private physicians and attorneys. In many battering cases, however, women do not have their own bank accounts and may therefore be as limited in financial resources as women from lower SES groups and even more isolated from services.

Pagelow (1977), illustrating the lack of resources available to women, states:

> Whereas the working class woman often lacks employability and money, the middle class woman frequently has not been employed for the length of her marriage, has no property solely her own and sometimes even lacks cash. If she leaves the conjugal residence, she may still be charged in some states with desertion and stands to lose her share of joint assets. (p. 21)

Types of Injury

Several investigators discuss the types of injury peculiar to a battering situation. Gaylord (1975) reports injuries suffered in physical battering by 100 women from the Chiswick Women's Aid in England. All were bruised, 44 percent were lacerated (17 percent with a sharp instrument), 59 percent were kicked repeatedly, 19 percent suffered strangulation, 11 percent were burned, 7 percent were bitten, and 24 percent exhibited fractures of the nose, teeth, and ribs. The women who sought refuge at Chiswick were involved in some of the most brutal violence reported (Pizzey, 1977).

Flitcraft (1978), discussing types of physical injuries of battered women, states that deliberate physical assault carries a different "body map" of likely injury from that which is work or household related. Her data indicated that "battered women are more likely to present with injuries to the head, face, chest, breasts, and abdomen while nonbattered women are more likely to present with injuries to the forearm, hand, lower legs and feet" (p. 19).

Several investigators (Flitcraft, 1978; Gelles, 1975; Straus, 1977; Van Stolk, 1976; Walker, 1979) report an increase in battering behavior during pregnancy. Gelles (1975) speculates that violence may be related to the husband's wish to terminate the pregnancy and thus avoid the responsibility for a child. Van Stolk (1976) states, "Whether on a conscious or subconscious level, violence toward a pregnant wife may be a form of prenatal child abuse or filicide" (p. 9). She theorizes that violence which results in miscarriage may be more acceptable to some than abortion.

Flitcraft (1978) has identified a high rate of miscarriage among battered women—1 in 4 as compared to 1 in 15 among nonbattered women. In addition, Flitcraft identified a greater frequency of abortion among battered women as compared to their nonbattered counterparts. Before the legalization of abortion, battered women report attempting illegal or self-inflicted abortion, and they currently continue to choose legal abortion more frequently than those women who are not involved in a violent relationship. This trend appears to be consistent over racial and socioeconomic groups. Furthermore, battered women are reported to be victims of rape by boyfriends and husbands eight times as frequently as nonbattered women. Current research by Dr. Irene Frieze at the University of Pittsburgh is investigating the relationship between battered women and sexual assault.

Causative Factors

While there are no precise data that can give an indication of the extent to which wife abuse exists in America, there are theories on the causes of interpersonal violence. Gelles and Straus (1978) have grouped 15 of these into three basic levels of causal factors which are fundamental to their theory: the intra-individual, the social psychological, and the sociocultural.

Intra-individual

Speculations about the psychological characteristics of battered women and abusers are varied. The available research must be interpreted with caution, since many blame the victim without understanding her plight.

Schultz (1960) studied four men who assaulted their wives with intent to kill and reports that the men were cooperative, acknowledged guilt, and had no criminal records other than for wife assault. None had a history of alcohol or narcotics abuse or mental

illness, nor had any been drinking at the time of the assault. They did describe their mothers as domineering, rejecting, and incapable of meeting their children's emotional needs, and their wives as masculine, outspoken, domineering, and tending to take advantage of their husbands' dependency. Schultz observes that the wives of these men were set up to duplicate the mother relationship, with the serious assaultive behaviors precipitated by the man's fears of an impending break in the marriage.

Faulk (1974) also cites long term strain as a cause of violent behavior among abusive males. He divided the 23 subjects in his study as follows:

—Nine were dependent and passive, attempting to pacify their women until an act precipitated the assault.
—Four were dependent and suspicious, particularly of the wife's fidelity, and would build tension until the ultimate outburst.
—One was violent and bullying and showed a long history of incidents.
—Five were dominating and often successful in other realms of life. They would permit no insubordination from the wives and usually battered in response to a minor incident which they perceived as a threat.
—Four were stable and affectionate with longstanding relationships. Their assaults usually occurred during a mental disturbance.

In a study of over 120 cases of battering, Walker (1979) observed that batterers generally were not violent in other aspects of their lives. Many had achieved professional status, although others were unsuccessful and had few coping resources. Walker disagrees with the assumption that batterers are psychopathic, pointing out that they experience feelings of guilt and shame about their actions. All of the battered women described their men as having a dual personality; they could be very charming one moment and vicious the next. Batterers, she observes, are pathologically jealous and tend to blame others for their actions. Most of the men reportedly suffered abuse or neglect when they were children. They often have low self-esteem, use sex aggressively, and do not feel their violence is a problem unless their wives make an issue of it and threaten to leave.

While Schultz (1960) described battered wives in negative terms, Walker (1979) found that despite her low self-esteem, the battered woman has strengths which permit her to remain alive in an extraordinarily violent home. She tends to be a traditionalist in her view of sex role behaviors, accepting responsibility and guilt for the batterer's actions. She may practice denial with regard to the battering incidents and repress a reservoir of rage. She feels that she alone must solve her problem since help is unavailable from outside resources. Walker also reports that many battered wives said they were unable to predict violent behavior by their mates and recalled their initial surprise at being beaten. They were able to describe the acute assaults in detail. Many spoke of the bizarre and incestuous sexuality of the batterers. Most endured severe psychological abuse, invariably losing power struggles. They expressed a strong conviction with regard to their mate's omnipotence; yet they also felt that their men's emotional well-being and lives depended upon them. In fact, batterers reportedly are more prone to psychotic disorders and suicide if their women leave them (Jens, personal communication; Stark and Groth, 1978).

In their study of 37 middle class batterers and their wives, Snell, Rosenwald, and Robey (1964) further perpetuate the individual psychopathological profile of subjects involved in a violent relationship. These researchers described the husbands as shy, sexually ineffectual, hard working, alcohol abusing, and having close maternal relationships. The researchers detected elements of masochism in the wives, who were described as aggressive, efficient, masculine, and sexually frigid. They theorized that the beatings were provoked by these women as a means of diminishing their guilt over their castrating behavior.

This concept of female masochism, derived from the theories of Sigmund Freud, is a major foundation of pre-1970 clinical theories that relate to battered women. Individual psychopathology of both the victim and the batterer has been the most popular explanation of wife abuse employed by the psychoanalytic theorists, labeling either one or both as mentally ill. The Freudian notion of victim precipitation with the desire for punishment for some real or fantasized sinful behavior as the mechanism of provocation has been the foundation of clinical theories regarding battered women. Amir's (1971) classical work on rape and Gelles's (1974) study of domestic violence both employ methodology derived from the victim precipitation model.

The victim precipitation theory fails to hold the offenders responsible for their behavior and does not account for those who did not resort to violence upon provocation. Most seriously, it has been directly responsible for the focus of attention being placed on the negative personality characteristics of the victim. Fortunately, since the advent of the battered women's movement, researchers have begun to focus on an interaction of sociological and psychological theories to understand causation. Masochism is now regarded as an inadequate concept with which to explain such violent relationships.

Dobash (1978) maintains that the idea of masochism and victim provocation in wife battering is naive and insidious because it fails to account for the power relationship in which the wife is often

dependent on the husband for meeting her needs. She therefore must minimize her chances of displeasing him. The idea also represents acceptance of the use of physical violence as a justifiable response to such behaviors as untidiness, irresponsibility, immaturity, or nagging by placing responsibility for the batterer's action on the woman's antecedent behavior.

Moreover, most research does not support the view that women derive masochistic pleasure from assaults against them. Prescott and Letko (1976), examining responses to questionnaires from 49 women, report that 90 percent expressed anger over the most recent violence, 75 percent were depressed, 68 percent felt trapped, 33.3 percent felt humiliated, and 25 percent felt unworthy, guilty, and inadequate. The one positive outcome of their experiences was that 84 percent learned to become more independent.

Gaylord's (1975) sample of 100 women indicated that they had a great desire to escape battering: 89 percent fled their homes, 36 percent having left more than four times; 42 percent had attempted suicide; 36.5 percent wanted to sever all relations with their batterers; 31.3 percent felt indifference; and 11.5 percent still felt some affection for the batterers. Only 9.4 percent reported being in love with their men. Walker's (1978a) study reveals that socially isolated women feel helpless and dependent; when psychological isolation occurs, they become hopeless, lacking in confidence, immobilized, and motivated only to minimize their pain.

Walker (1978a) also states that the belief that people have innate violent tendencies which cause behaviors such as "territoriality" (Tiger, 1969) and instinct toward aggresssive behavior (Lorenz, 1963) which must be constructively channeled or it will explode destructively (Freud, 1932) is not accepted as a testable theory for purposes of understanding battering (p. 526). Historical and cultural influences make it impossible to test whether or not such innate behaviors exist.

There has been little systematic research into the physiological origins of violence toward women, although many would like to use it to explain violent men's behavior. Elliott (1977) cites "dyscontrol syndrome" as an important cause of wife and child battering as well as other aggressive behaviors. He believes that the prevalence of psychogenic or organic explosive rage is greatly underestimated as a quirk of personality rather than a medical concern. He places these patients into two groups, the first having a history of temper tantrums in infancy and childhood which persist as more formidable explosions of rage in adolescence and adult life. The second group are formerly normal individuals who suffer explosive rage as a sequel to a brain insult or metabolic disorder. Elliott believes that such patients should receive psychiatric, medical, and psychological testing designed to detect organic damage.

Alcohol abuse is often considered to be a cause of spouse abuse, although no evidence exists demonstrating cause and effect. Gelles (1974) found that drinking accompanied family violence in 48 percent of the cases he considered and proposed that intoxication may be used as an excuse by the batterer for being violent. It allows him to disallow the deviance of his behavior and to reject responsibility for actions that occur when he is intoxicated. Walker (1979) speculates that drinking and battering are coping mechanisms which the batterer uses in response to severe stress.

Social Psychological

Walker (1978a) submits a psychological rationale on why the battered woman becomes a victim, how the process of victimization further entraps her, and why she remains in the relationship. Her proposition is that "learned helplessness" (Seligman, 1975) rather than innate masochism inhibits women from leaving violent relationships. Battered women report that because their behaviors have no control over the battering they receive, they are ineffectual with regard to their ability to escape from the batterer's domination.

Walker (1978a) holds sex role socialization in child rearing responsible for producing cognitive distortion and an errant belief system which supports women's feelings of helplessness. She further hypothesizes that, "those women who have the hardest time escaping from the victimization of being a battered woman were subjected to a greater degree of traditional socialization patterns" (p. 528). She reports that:

> Approximately 25% of the women in this sample admitted to having been physically abused as a child in their family background. However, three quarters of them indicated a benign paternalistic, "Dresden doll" kind of upbringing. These women stated that they learned very early that their competence in areas other than the social arena would not be useful to them in life. (p. 529)

In a study designed to examine approval of violence, Owens and Straus (1975) found that approval of interpersonal violence is highly related to experiencing, observing, or committing violence as a child. While correlations were essentially similar for different socioeconomic groups, the control for sex differences revealed that "there was consistently less of a relationship between exposure to violence and interpersonal violence approval for women than men" (pp. 206-207). They surmise that perhaps women are more threatened by violence, find it of

less use, and are more socialized to disapprove of it. Similarly, Pagelow (1978c) states that children are taught early in life what is and is not appropriate behavior according to their sex through means of reinforcement, punishment, and role models. "Feminine and masculine gender roles are almost mutually exclusive: little girls receive positive reinforcement for crying, dependency, fear, and nonviolence, while the opposite is true for boys" (p. 28). She observes that to overcome strong social and cultural pressures and rewards for conformity in sex role behavior and to induce role reversal require sufficient reinforcement, as well as punishment for conforming behavior.

SOCIOCULTURAL

Dobash and Dobash (1976a) take a historical view of battering as a manifestation of patriarchal oppression toward women and children. The researchers speculate that women's struggle to end oppression is an increasing challenge to male authority and thus may result in violence. While these researchers have formulated causative theories with regard to battering, they are critical of other sociologists for research conducted out of social and historical context.

Pagelow (1977) also views the battering phenomenon as the result of a patriarchal ordering of society. She observes that battering is but one among a variety of violent family behaviors and related crimes of rape and incest. Battering, she believes, differs from other types of intimate violence in form and extent, motivation, and public response. Leidig (1978) likewise believes that battering must be viewed in the context of all forms of violence against women.

Other theories focus on socioeconomic factors for explaining battering. Gelles (1974) proposes that "Violence is a response to particular structural stimuli and that stress is differentially distributed in social structure" (pp. 188-189). Families with less education, occupational status, and income are more likely to experience stress and have fewer resources. O'Brien (1971), too, supports the hypothesis that violence is more prevalent in families where the husband fails to possess the achieved skills and status required to be head of the household. Further, he speculates that aggression may follow continued frustration of the man in fulfillment of his expected role as worker/provider.

Dynamics of the Battering Relationship

Walker (1978e) has hypothesized a three-stage cycle within battering relationships, still being tested in a research program, which is useful in determining how to provide services to battered women. Walker theorizes that battering behavior occurs within a cycle. Phase one is the tension building stage. Both members of the couple are aware of the tension; however, the woman still has some control and may be able to avoid or pacify the man in order to stop or postpone the next battering phase. With the increase in tension, coping methods become less effective. The man begins to react negatively to stress, and some minor violence may occur. Women describe psychological torture at this point. At some point in the cycle tension starts to escalate. Traditionally, helpers do not see battered women until this point or when the cycle moves into the second phase.

Phase two is the acute battering incident. Women tend to view the impending violence as inevitable and may even precipitate it. Walker states that during this phase the woman's control is limited to the time and place of the battering and that at this stage it makes very little sense to attempt any kind of rational counseling. It probably makes no sense to train police, the most frequent service providers during this phase, to act as social workers at that stage. Their most useful role may instead be to make an arrest to separate the couple.

The third stage described by Walker is the warm and loving phase. The man, repeatedly expressing genuine feelings of remorse, showers his mate with affection. This third phase, occurring immediately after the violent episode, is when the woman is completely victimized, for it is now that she gets all her rewards for being in the relationship. During this phase the service provider needs to understand what is happening. Walker believes that the task of the helper during phase three is to assist the woman to become aware of what prevents her from leaving. She must recognize the seductiveness that is occurring. With regard to the precarious mental health of batterers following the explosive incident, Walker states that there is a high probability of threats of suicide and homicide by the man from his fear of her leaving. Walker states that the battered woman's feelings of guilt and responsibility for her mate's mental health or life confound her attempts to solve the problem.

Pagelow (1977) distinguishes between "primary" and "secondary" battering. Primary battering, she observes, is the "first, single incidence of battering and associated variables." Secondary battering is described as "the phenomenon of systematic, repeated batterings involving a different set of variables" (p. 14). In her proposal for development of models for investigation and therapy, she states that:

> Almost all theoretical and empirical attention has been focused thus far on victims and perpetrators of secondary battering, although no distinction has been drawn between the first, and sometimes only,

occurrence of battering and those batterings that occur on a continuing basis. (p. 14)

Linkage to Child Abuse

The relationship between spouse abuse and child abuse is still unclear. Dobash and Dobash (1977) found that there was a second victim, usually a child, in only 13 percent of the cases of wife assault. Besharov (1978) reported that in 20 percent of officially reported cases of child abuse, a spouse also was reported as being abused. In these instances the father/husband was the perpetrator of child or wife abuse in 70 percent of the cases. There is also some evidence that a mother who is being abused may, in turn, abuse or neglect a child.

Institutional Response to Woman Battering

When a woman reaches beyond her home for help, she faces a social system inadequately equipped to deal with battering. McShane (1977) identified specific gaps in the service delivery system. For example, government subsidized legal services may be denied to women whose husbands' high incomes render them financially ineligible for these services. Medical personnel usually treat battered women in an emergency situation and do not attempt to determine the cause of the injuries or to report the assaults, as is now required in child abuse cases. In some social service systems, women who have homes and are being supported by husbands are denied financial assistance. There is little daycare available for children, and some shelters for battered women cannot accept all the women who need help. Furthermore, many battered women suffer from chronic health problems, and they face the loss of their family health insurance benefits if the marital relationship is severed. Pagelow (1978a) points out that when a woman strives for independence and self-reliance, her employment often does not insure an adequate income. Commenting on the institutional responses to battering, Pagelow (1977) states:

> If a woman lacks necessary resources, receives negative institutional response and is strongly traditional in her beliefs, she is highly unlikely to take an action which will significantly alter her situation in a positive direction. In these circumstances, women perceive no option for change, and only the most severe trauma will impel them to seek relief—either by escape or homicide. If the balance shifts in a positive direction, and the victim perceives options which were not available to her before, she may take action favorable to her own situation. (p. 29)

Prescott and Letko (1976), in a survey of 40 battered women, found that 81 percent approached friends for help, and 59 percent sought the aid of relatives, but only 40 percent of this group found the help they sought. Eighteen percent found lawyers useful, while 32 percent reported bad experiences with them. Twenty percent found the police helpful, and another 27 percent reported negative experiences. Marriage counselors were helpful to 40 percent of the respondents. About two-thirds found women's groups and psychotherapists helpful, while fewer than 10 percent reported unpleasant experiences with these resources. Priests and ministers received the highest negative responses, 60 percent, with only 10 percent of the women finding them helpful.

Police

In many cases the police are the first community agents to come into contact with battered women, with results which are often unsatisfactory. Jackson (1975) believes that the unresponsiveness of police may result from the fact that domestic disturbance calls account for 25 percent of all police deaths and 40 percent of injuries while on duty. In an investigation of injuries suffered by police officers responding to domestic violence calls, Bard and Zacker (1971) report from an experimental study where inner city officers were trained in mediation skills. Results indicated that trained police officers intervened in domestic disputes more often, injuries were significantly reduced, fewer families were sent to Family Court, and referrals to social service agencies rose.

Stephens (1977) suggests that problem identification is the most important function for police in domestic disturbance cases, since the police will continue to be the first to become aware of these situations. Stephens recommends training for police officers, such as that pioneered by Bard in 1966. Furthermore, he recommends that the police have formal alternatives to arrest, that there be 24-hour assistance available for victims of domestic violence, and that volunteer groups be implemented in order to provide immediate assistance. Parnas (1967) explores ways to improve police service in domestic violence calls by posing a series of questions regarding which officers should respond and how they should do it.

Langley and Levy (1977b) describe the difficulties battered women face in their attempts to end an abusive relationship through the legal system. In many States police cannot arrest the batterer without witnessing the crime or presenting a warrrant, and the woman, who may be seriously injured in addition to being emotionally distraught, must sign the complaint. Since police often discourage her from doing so, many reports are never filed and repeat incidents

appear to be first offenses. These practices were documented during the U.S. Commission on Civil Rights hearings in Washington, D.C., in January 1978, and are available in a written report.

According to Schneider and Jordan (1978), the lack of police protection is even greater for minority and poor women. They state:

> While sexual and physical assaults plague women from all economic and racial backgrounds, the judicial and law enforcement systems are even less responsive to women from minority and poor communities. The communities suffer from severely reduced services. As a result, women from these communities have greater difficulty in getting a police officer to respond to a "domestic disturbance" call. If a woman does succeed in processing a complaint, she is likely to be treated even less responsively than other abused women. The class and racial biases of the judicial and law enforcement systems will compound their already hostile attitude toward abused women. (p. 159)

Legal System

Most women face frustrating barriers and further dangers in their attempts to prosecute a battering case. Judges are not always available to issue warrants when battering occurs. "Cooling off periods" are sometimes required, and often a man is released on his own recognizance within a few hours after his arrest. Frequently, the victim has to prove that her beatings have been frequent and severe to bring a complaint to court. Thus, if police have not filed reports of previous battering incidents, and if she does not have photographs of her injuries, which may have healed subsequently, she may be unable to prosecute for lack of evidence.

Kremen (1976), in an investigation of what happens to battered women who seek help in New York City, reports that the greatest incidence of battering occurs at night and on weekends, when legal help is not available. In addition, the family courts tend to approach the battered woman problem as a symptom of marital discord, not criminal assault, so only 2 percent of the cases are referred to criminal court. The court thus places pressure on the women to resume their traditional roles and to be lenient toward husbands.

Often cases are diverted from the courts to family services which are oriented toward social work. Jackson (1975) states that the San Francisco District Attorney's Office routinely refers family violence cases to a family bureau. In 1969-1970, of 10,234 cases processed by this bureau, only 1,615 resulted in a citation hearing, which was not legally binding, and then were referred elsewhere without followup.

Several investigators have identified deeply entrenched problems inherent in the legal-judicial response to battered women. Parnas (1967) states that most police administrators consider the handling of minor disputes to be unimportant, and police officers themselves do not often use arrest in domestic disturbance cases. The courts, Parnas points out, have an overwhelming volume of family violence cases which tax their capacities. In addition, the courts serve as neither a solution nor a deterrent.

Jackson (1975) advocates arrest, prosecution, and conviction of men who abuse women, a procedure instituted in late 1978 by the Los Angeles City District Attorney's Office and enthusiastically supported by all involved in its enforcement. Fields (1977) likewise views incarceration of the batterer as an effective deterrent to wife beating, questioning why the victim is forced to leave home while the assailant is allowed to remain there.

Investigating legal remedies, Truninger (1971) surveyed seven legal service offices and 92 private attorneys in northern California. Three-quarters of the respondents reported that police were reluctant to become involved, thus denying the criminality of battering. Private attorneys found prosecution through the district attorneys' offices to be ineffective because of clients' reluctance to follow through, although legal service attorneys had varied success. Private attorneys, on the other hand, found restraining orders useful, while legal service attorneys did not. Most attorneys agreed that marriage counseling was ineffective, with the batterer usually not participating. They also agreed that dissolution of marriage is a positive solution to a potentially tragic relationship. Based on her study, Truninger recommends a series of actions to help remedy the legal situation.

Fields (1977), in an examination of legal procedures reported as useful to battered women, states that direct questioning of female divorce clients revealed that 54 percent of them were victims of battering. Fields and other attorneys at the Brooklyn Legal Services Corporation attempt to convey disapproval of the beatings and try to elicit the details which will form the basis of a complaint. In addition, these attorneys seek corroboration of complaints and make an assessment of the client as a witness. Fields reports that she seeks to separate the couple and prohibit the husband access to his wife's residence. Attorneys interview each child alone to determine his or her feelings about the case, and a violent husband may be denied visitation rights. Fields has found that toughness during pretrial hearings is often effective in getting equitable settlements since many husbands would prefer to avoid testimony regarding violence in court. Should a case go to court, the woman is en-

couraged to dress conservatively, refrain from exhibiting hostility or anger, and relive her experiences in detail.

Health Services

Additional sources for provision of services for battered women cited by Walker (1978e) include hospital emergency rooms, private physicians, clinics, and company medical and counseling departments. Following a survey of physicians within the county, the Bergen County, New Jersey Advisory Commission on the Status of Women (1977) found that women invent stories to cover up their battering. While battered women have been observed to hide the facts of their lives, Dewsbury's (1975) study indicated that doctors who were alert and sensitive to the problems of such women tend to identify them readily.

Flitcraft (1978), in her investigation of the continued interaction of a medical care system and battered women at the Yale-New Haven Emergency Room, observes that the problem of battered women touches upon the surgeon, obstetrician, psychiatrist, pediatrician, and internist, as well as the medical, surgical, and psychiatric staffs of emergency rooms. Flitcraft reports that battered women seek medical help more frequently than nonbattered women and that the patient/physician interaction may well be the sole confidential contact possible for them. Hilberman's study in rural North Carolina supports these findings (Hilberman and Munson, 1978).

A treatment model for battered women using emergency room services is suggested by Grey (1978). The patient should be interviewed alone and asked if her injuries were the result of a beating. Whenever possible she should be hospitalized and should always be given telephone numbers of the nearest helping agency. Furthermore, nurses and doctors must be sensitized to the problems of this group of patients.

Social Service System

Pizzey (1977) and Pagelow (1978a) point out that social service providers are biased by their backgrounds and training, which are generally middle class. Furthermore, Pagelow (1978b) proposes, "the fewer the resources, the more negative the institutional response." She believes that the social service agency response is a factor in satisfactory problem resolution for battered women. Walker (1979) suggests that agency professionals who did not have the ability to help the victim thought battered women liked their beatings.

In examining the intervention provided by social workers in abusive situations, Nichols (1976) notes that family casework files often document wife abuse but do not focus on the battering. She maintains that many caseworkers accept the Freudian theory of female narcissism, passivity, and masochism, thus holding the woman responsible for provoking the assault. Furthermore, social workers are trained and motivated to help keep the family intact and therefore do not provide sufficient advocacy for the victim. Commenting on the effectiveness of the British social service agencies' response to battered women, Pizzey (1977) states that, "The agencies which we might like to believe in as proof that ours is a humane society simply do not work" (p. 91).

Direct Services

The first program specifically for battered women was established by Erin Pizzey (1977) in spring 1970, when a community center for women was opened in Chiswick, England. The original purpose of this center was daycare and a place where women could overcome isolation, but in a short time more than 50 women and children had sought refuge there from physical abuse. Since that time, Chiswick Women's Aid has grown from 1 house to a network of more than 25 houses. Another British group, the National Women's Aid Federation, formed as a coordinating network of other safe houses, is supported by local and national government funds.

In the United States, specific services for battered women evolved as a component of rape crisis centers in the early 1970's when housing battered women in private homes proved inadequate. In 1974 there were less than 10 known shelters in the United States, a number which rose to 79 by 1979. A comprehensive listing of shelters appears in *Programs Providing Services to Battered Women*, published by the Center for Women Policy Studies, and *Working on Wife Abuse*, by Betsy Warrior, both of which are listed in the Annotated Bibliography.

Lynch and Norris (1978) observe that a crisis atmosphere frequently prevails in direct services to women. In the design for services for battered women, they recommend that programs be built around the fact that the needs of battered women may vary for each individual client. The authors rate the basic needs of battered women as follows: (1) the victim must first be able to reach someone who can provide immediate effective help; (2) the victim's physical safety requires immediate attention; (3) basic material needs, such as shelter, food, clothing, and medical supplies, must be considered next; and (4) emotional needs must be considered from the first intervention. Only after the physical needs of the victims are met can these women consider the life alternatives available to them.

Walker (1978e) states the need for safety, the criminal justice system, and psychotherapy as the three major issues involved in the design of treatment

alternatives for battered women. While shelters fulfill the immediate need for safety, they are limited by their isolation from the rest of the community, lack of facilities for educational or vocational training, crowding, and inability to meet the many needs of a battered woman's children.

Counseling

Although most programs for battered women provide some form of counseling, there is debate as to the best model. Many contend that effective peer counseling is more successful, while others experiment with a new treatment focus. Geller and Walsh (1978) report that Victims Information Bureau of Suffolk, Inc. (VIBS) has developed a counseling treatment model in which each client is asked to identify and set goals for herself. The majority of users of the VIBS service express a desire to remain in their marriages, and the treatment selected in such instances is couples therapy.

Geller and Walsh (1978) report that when a battered woman has no option but to maintain the status quo, a group experience with other women in the same situation appears to be the most appropriate treatment, with peers teaching one another how to be sensitive to the cues which lead to violence and forms of self-protection when danger occurs. However, specific survival techniques should be designed which are tailored to fit the victim's personality and situation.

When a wife is successful in her attempt to involve her husband in couples therapy, the counseling techniques emphasize modeling, teaching behavior changes, and restructuring the relationship by teaching new ways of fighting.

Flax (1977) disagrees with the technique of teaching couples involved in a violent relationship new ways to fight. He advocates a couples counseling method which attempts to teach control and replace violent behavior with new communication skills. Cotherapists, one male and one female, work together providing role models. Initially, the couple is forced to live apart for 2 to 4 weeks while the male counselor works with the abuser and the female therapist works with the victim. The therapists determine when the couple may resume living together. Fighting is forbidden. Daily telephone checks with the therapists are required, at which time feelings of tension and anger are to be reported. Behavioral techniques are employed to teach the clients new negotiation skills, as well as new physical and verbal signals of anger and tension. As these new negotiation skills are internalized, calls to the therapists decrease, but progress is slow and the therapists must remain available for several months.

Walker (1978e), too, believes group therapy from a feminist perspective is useful as a therapeutic tool with battered women. She states that this type of therapy tends to reduce feelings of uniqueness and isolation that are experienced by battered women. Individual therapy from a feminist perspective is also seen as useful. Leidig (unpublished manuscript) has outlined guidelines for the use of feminist therapy with battered women.

Part II

Chapter 2

RESULTS OF QUESTIONNAIRE SURVEY

CAABW developed a questionnaire on services to battered women and distributed it to 559 relevant programs which were identified in a thorough nationwide search (see Appendix A). Staff from 205 programs responded, and telephone calls to approximately 250 nonresponders revealed that some 100 programs were either no longer in existence or had changed address and/or telephone numbers and could not be reached. Of the 205 responses received, 42 programs either did not provide services to battered women or submitted responses that were uncodable, and this report is consequently based upon 163 responses. The programs were asked to provide information for the entire year 1977, or any part of it in which the program was in operation. (See Appendix B for a copy of the questionnaire.)

Facility

Of the 163 programs considered for analysis, 79 (48.5 percent) have a shelter and 116 (71.2 percent) provide alternate arrangements, which include private residences, special apartment or motel rooms, paid boarding homes, emergency funds for hotel or motel accommodations. Shelter is provided in safe homes—volunteer private residences that provide shelter for battered women and their children—by 28 (17.2 percent) programs. Some of these programs are included in more than 1 category because they have both an on site shelter and alternate arrangements.

During 1977, 46,838 battered women were served by these 163 programs, a relatively small number compared to Straus's (1978) estimate that 1.8 million wives are abused by their husbands in any one year in the U.S. According to study data, approximately four times as many of the clients were served on a nonresidential basis as were housed. During that same period, 14,473 children were sheltered in program facilities. Unfortunately, the average capacity of a shelter program was 15 persons, including women and children, and program directors report that they often have to turn women away because of lack of space.

Both licensing requirements and security measures are necessary components for establishing facilities for battered women. Data on these two program factors are given in Tables 1 and 2.

Table 1
Licensing Required for Program Facilities

License	Percent of Programs	License	Percent of Programs
Fire	68.4	Residential care	10.1
Zoning	62.0	Hotel	7.6
Health	60.8	Hospital accreditation	7.6
Building	59.5	Group home	6.3
Roominghouse	25.3	Daycare	5.1
Protective services	17.7	Other	2.5

It will be noted that the totals in some tables exceed 100 percent. This may be the result of both inaccurate record keeping and losses or gains resulting from rounding off reported figures.

Table 2
Security Measures for Shelters and Safe Homes

Measure	Percent of Programs	Measure	Percent of Programs
Special arrangement with police	96.2	Secret location	17.7
Special locks	49.5	Guards	15.2
Peephole in door	40.5	Dogs	7.6
Alarm system	27.8		

Services Provided

A review of the services provided by participating programs indicates that those most frequently provided are job counseling, women's support groups, transportation, victim education, welfare referral, emotional counseling, and contributing to legislative reform (Table 3).

Table 3
Services Provided by Participating Programs

Service	Percent of Programs	Service	Percent of Programs
Job counseling	95.1	Parent effectiveness training	43.6
Women's support groups	88.9	Personal grooming	41.7
Legislative reform	87.1	Assertiveness training	39.9
Transportation	83.4	Recreational activities	38.0
Education of victim	80.4	Financial assistance	34.3
Welfare referral	77.9	Advocacy	31.3
Emotional counseling	74.2	Food	29.4
Clothing	70.6	Legal counseling	25.1
Referral to shelters outside area	68.7	Dance therapy	23.3
Help with new housing	68.1	Cultural civic activities	19.0
Joint couple counseling	65.6	Religious activities	16.6
Education of batterer	65.0	Job placement	16.0
Job training	62.0	All others	15.3
Hotline	60.7	Medical aid	13.5
Self defense training	48.5	Yoga	7.4
Education of community	45.4	Emergency housing outside a shelter	2.4

It is noteworthy that job counseling is the most frequently reported service, as there is obviously a strong relationship between economic independence and ability to leave the battering relationship.

The responses to an open-ended question regarding significant factors in the initiation and development of programs are shown in Table 4. It should be noted that these categories were not mutually exclusive, with some programs citing several groups as helpful.

Table 4
Initiation and Development Factors

Factors	Percent of Programs
Specific group saw a need for a program	46.0
Individuals initiated program because no services were available	38.6
Existing program expanded service to include battered women	30.7
Public funds were made available	13.5
Task force for battered women initiated program	12.3
Coalition of agencies started program	9.8
Housing was already available at a facility	9.2
Coalition of local groups and churches started program	2.4

It appears that shelters and other programs for battered women have come into existence because of local initiatives, often emerging from women's groups (Table 5), rather than from systematic regional or national planning.

Table 5
Women's Groups Assisting in Program Development

Women's Group	Percent of Programs	Women's Group	Percent of Programs
All others	33.7	Consciousness-raising groups	9.8
YWCA's	25.2	Professional women's associations	9.2
Women's resource centers	24.5	Women's clubs	4.9
NOW chapters	23.3	Rape crisis groups	3.7
Women's support groups	19.0	National coalition	1.2
Church societies	17.2	Women's health center	0.6
Women's political group	14.1		

In response to an open-ended question on cooperation among grassroots groups and the professional service network, several areas of cooperation and conflict were indicated (Table 6).

Table 6
Cooperation and Conflict Among Grassroots Groups and Professional Service Network

Areas in Which Cooperation Exists	Percent of Programs
General agencies	50.3
General community	30.0
Women's groups	14.7
Task force	11.0
Political system	6.7
Police	4.3
Areas in Which Conflict Exists	**Percent of Programs**
Professionals vs. feminist groups	20.9
Government agencies	5.5
Police/D.A.'s office	4.3
Volunteers vs. paid staff	2.5
Legal services, attorneys	1.2
Males on staff	0.6

It should be noted that while 34 (20.9 percent) programs indicated conflict between professionals and feminist groups, 148 (90.8 percent) responded affirmatively to a direct question on whether women's grassroots groups and the professional service network interact in solving the problem of woman battering. One explanation for the apparent contradiction in these two figures is that the term "feminist" was used in responses to an open-ended question, while the term "grassroots women's groups" was used in the direct question. Perhaps these terms had different connotations for the respondents.

Referrals to programs are received from a wide variety of sources, primarily the general public, social service departments, police departments, hospital emergency rooms, and mental health centers. Thus, battered women's programs were receiving cooperation from the public as well as the professional service network. Although relatively few referrals were received from places of employment, Walker (1979) reports that the battered woman sometimes will seek counseling or medical help through her company so that the batterer does not know she has done so. The low rating in this category may, therefore, reflect the low employment rate of women in the sample and the fact that only large companies provide such services (Table 7).

Table 7
Sources of Referrals to Programs

Referral Source	Percent of Programs	Referral Source	Percent of Programs
General public	98.2	All others	57.1
Social service departments	86.5	Private physicians	56.4
Police departments	85.3	Private psychiatrists/psychologists	47.2
Hospital emergency room	77.9	District attorney	40.5
Mental health	76.7	Place of employment	36.8
Welfare	71.8	Detoxification groups	36.2
Church/clergy	68.1	Psychiatric hospitals	34.3
Women's support groups	66.9	Private attorneys	19.0
Legal aid	65.0		

Police were rated as helpful in providing security by 97 (59.5 percent) programs. Their assistance included patrols or escorts in 42 (25.8 percent) programs; arrests, 33 (20.2 percent) programs; community education, 33 (20.2 percent) programs; special alarm system, 10 (6.1 percent) programs; and quick response, 33 (20.2 percent) programs. These figures appear to contradict the findings that 96.3 percent of the programs have a special arrangement with the police (Table 2), and while that figure was based on only 79 shelters, it is still not certain why these figures differ.

Service for Children

Services are provided to children in 119 (73 percent) programs in the sample. The overwhelming majority do not have upper age limits for children, although some do not permit teenage boys to live on the premises. Employees work with children in 57 (35 percent) programs, 31 of which have men serving this function (Table 8). The major difficulties encountered in providing services to these children involved dealing with both their social and emotional needs and the need to provide supervision for them (Table 9).

Children do not attend school regularly in 52 (31.9 percent) programs, and 42 (25.8 percent) programs report difficulties in placing children in daycare centers. However, 48 (60.8 percent) of the shelters reported that women occasionally leave their children with grandparents, the father, friends, or a social services agency when they come to the shelter.

The main reasons for keeping children out of school while they live in a shelter with their mothers are as follows:

(a) Fear that the father will kidnap them from their school and/or learn the mother's new address from school authorities;
(b) Fear that the father will trace the children's records when they are transferred, kidnap the children, and/or learn the mother's address;
(c) Lack of a birth certificate and medical records required for registration in schools;
(d) Existence of contagious diseases in the shelter which keep the children confined; and
(e) The mother's reluctance to register the child in a school which he or she will be forced to leave when she relocates.

Table 8
Services Provided for Children by Participating Programs

Services	Percent of Programs	Services	Percent of Programs
Counseling	36.2	Medical needs	20.2
Supervised recreational activities	33.1	All others	19.0
Daycare	30.1	Tutoring	14.7
Transportation	23.3	Referral	11.7
Playground	22.7	Children's support groups	3.1

Table 9
Difficulties of Providing Services to Children of Women in Shelters

Difficulty	Percent of Programs	Difficulty	Percent of Programs
Social/emotional	44.8	Housing	19.9
Supervision	31.9	Legal	17.2
Discipline	28.8	All others	3.1
Abuse/neglect	26.4	Daycare	2.5
Transportation	21.5		

Staff

On the question of program staffing, it appears that formerly battered women comprise only 1/7 of the paid staff of programs and are three times more likely to be used as volunteers than as paid staff members. In general, men comprise only about 1/11 of the staff or volunteer force. Finally, volunteers outnumber staff by almost three to one.

In response to questions concerning staff shifts and training, the following responses were tabulated:

Question	Percent Answering "YES"
Does your staff work in shifts?	50.3
Do you cover nights?	74.8
Do you cover weekends?	81.6
Do you cover holidays?	82.8
Do you provide training for your staff?	85.3
Do you provide training for volunteers?	84.7
Do you provide inservice training for staff?	86.5
Do you provide inservice training for volunteers?	80.4
Do you have regular staff meetings?	87.1
Do you have regular meetings of staff and battered women?	45.4

Finally, a review of staffing responsibilities indicates that degreed professionals have the primary responsibility for administration and fundraising. The highest client involvement is in collective counseling by the clients, although there is not as much peer as professional counseling. With regard to maintenance activities in the shelters, staff are primarily involved in child care and food purchasing, while the clients are more involved in food preparation, cleaning, and laundry activities. Clerical work is done primarily by staff. Overall, there is little medical assistance provided (Table 10).

Table 10
Frequency of Service Provision by Category of Provider

Service	Clients Collectively	Clients Individually	Ex-Battered Woman	Staff	Degreed Professional	Other
Counseling	57	33	82	109	123	29
Medical assistance	1	5	12	30	49	35
Job assistance	12	13	28	79	59	31
Legal advocacy	7	12	41	87	88	38
Welfare advocacy	10	20	51	101	87	30
Self-improvement training	32	19	34	62	64	21
Special activities coordination	15	7	19	47	49	18
Fundraising	8	16	39	69	90	53
Transportation	21	44	52	82	58	57
Clerical work	3	10	36	112	47	44
Administration	7	6	32	70	112	24
Food buying	18	29	19	47	20	20
Food preparation	48	51	17	27	9	14
Cleaning	55	53	15	30	13	18
Laundry	39	55	11	23	7	16
Child care	46	53	19	45	24	31

Governance

Of participating programs, 132 (81 percent) have a board of directors, 7 (4.3 percent) have an advisory board, and 20 (12.3 percent) have neither. Board members come from a wide variety of sources, as indicated in Table 11.

Table 11
Representation on Program Governing Boards

Categories	Percent of Programs	Categories	Percent of Programs
Human service personnel	74.2	Corporation executives	20.9
Business people	62.6	Service clubs/community activists	17.2
Ex-battered women	53.4	Professionals (e.g., attorneys, physicians)	15.9
Clergy	33.7	All others	12.9
Law enforcement personnel	27.6	Housewives	5.5
Politicians	24.5		

The decisionmaking procedures and the structures of authority are shown in Tables 12 and 13. Several programs indicated that more than one of these procedures and sources of authority were simultaneously in effect.

Table 12
Decisionmaking Procedures

Procedures	Percent of Programs	Procedures	Percent of Programs
Lines of authority/staff hierarchy	66.9	Democratic system (staff and clients	
Board of directors makes all decisions	25.8	each have one vote)	11.7
Other	16.6	Client representatives make decisions	4.3

Table 13
Structure of Program Authority

Category	Percent of Programs	Category	Percent of Programs
Board of directors	77.9	Battered women elect representative to staff	
Program director	71.8	of board management councils	5.5
House leader	20.2	Battered women govern program	
All others	18.4	through elected officers	4.9
Staff coordinating council	17.8		
Collective	6.1		

Funding

Funding was identified as a major problem for 120 (73.6 percent) programs; 127 (77.9 percent) indicated they would be interested in Federal or State funding, while 131 (80.4 percent) indicated an interest in obtaining local funding. Some respondents expressed reservations about accepting government funding, based on possible restrictions being placed on the program. At present, most responding programs do not receive substantial government support other than the funding of some staff positions through the Comprehensive Employment and Training Act (CETA) program (Tables 14 and 15).

Table 14
Program Funding Sources in 1977

Source	Percent of Programs	Source	Percent of Programs
Private donation	60.1	City	18.4
Donated goods	55.2	Business donations	17.8
Donated services	53.4	County	16.6
Federal	44.8	State	16.6
Private foundations	28.8		

Table 15
Federal Funding Sources in 1977

Source	Percent of Programs
CETA	50.9
LEAA	10.4
HUD Community Development Block Program	8.6
Community Service Administration	6.7
ACTION	6.1
HUD Rent Subsidy Program	5.5
Title XX	3.7
Economic Development Administration	1.8
Displaced Homemakers	1.8

NOTE: CETA = Comprehensive Employment and Training Act; LEAA = Law Enforcement Assistance Administration; HUD = Housing and Urban Development.

Of the 138 programs which responded to this question, 93 (57 percent) indicated that at least half of their workforce was comprised of volunteers. Without CETA funding and extensive volunteerism, many programs either would not exist or would be unable to offer the surprisingly wide range of services currently available. (Further information on the use of CETA funds by programs for battered women is included in Appendix C.)

Ninety-six (58.9 percent) facilities are owned by a private individual or institution, 20 (12.3 percent) are publicly owned, and only 15 (9.2 percent) are self-owned. Since only 14 (8.6 percent) programs have received Community Development Block Grants for the renovation of facilities, most remain dependent upon benefactors who have donated housing. Consequently, energy is directed at raising enough money to keep the building or soliciting new benefactors for additional buildings and improvements.

Of some small help are the fees charged by 57 (35 percent) programs—an average of $2.72 daily for women and $0.80 for children. Sliding fee scales are used by 32 of these 57. The mean percentage of income generated by fundraising activities such as rummage sales, dinner dances, and bake sales is 14 percent.

Program Policies/Procedures

Among participating programs, 86 had a maximum amount of time a woman is allowed to remain in the program, and 30 indicated that there was a maximum number of times she could return to it. As based on mean scores, a woman is permitted to remain in a program no longer than 34.5 days, with average stays lasting 14.6 days. While a woman is permitted to return 2.4 times, the average number of times a client returns is 1.5 times.

There are conditions under which 77 (47.2 percent) programs refuse service to battered women. Alcohol, drug, and mental problems were cited by 51 (31.3 percent) programs, geographical jurisdiction by 7 (4.3 percent), lack of cooperation by 28 (17.2 percent), and inability to provide service to a minor by 2 (1.2 percent).

Batterers are permitted on the premises by 52 programs, although their presence is generally limited to administration buildings and counseling centers. In 48 cases the men are allowed in only for counseling, while another 24 permit visiting.

Table 16
Program Service Provided for Batterer

Services	Percent of Programs	Services	Percent of Programs
Counseling	44.2	Legal assistance	6.7
Referral	33.7	Detoxification	6.7
Support group	16.0	All others	5.5
Job counseling	7.8	Job placement	3.7

Fewer than half of the programs participating in the study provide services to the batterer (see Table 16 for data on those that do). Agencies report that, because they rarely see the batterers, they are unable to refer them to counseling programs, and existing batterers' counseling programs report that relatively few men make use of the service anyway. Many attempts to provide counseling to the batterer use treatment for alcoholism or drug abuse treatment to reach him, but this has the drawback of implying that the incidence of domestic violence is dependent upon the use of drugs or alcohol (Dobash and Dobash, 1978).

When asked about their program emphasis, 67 programs reported using crisis intervention, 14 provided ongoing treatment, and 51 used both. It is usually recognized, though, that crisis intervention is only a first step in the psychotherapeutic process for battered women. Once this first step is taken, the long process of changing life patterns can begin.

Case Characteristics

Although the questionnaire respondents reported that alcoholism was a factor in 51.3 percent of the cases, shelter staff and police who were interviewed in the study believed that 80 or 90 percent of domestic violence cases involve alcoholism. As previously stated, however, this does not necessarily imply that substance abuse is the cause of the violence. Gelles (1974) found that some batterers will use intoxication as an excuse to beat their mate and that women often blame the battering incidents on the batterer's drinking. Walker (1979) speculates that drinking and battering are the batterer's coping mechanisms to severe stress. It should be noted, too, that the abuse of alcohol and drugs is not limited to the batterer, and victims may become substance abusers as a result of the violence. For example, physicians often prescribe tranquilizers to women who are tense as a result of being battered (Flitcraft, 1978; Walker, 1979).

While questionnaire data indicated that 26.6 percent of the cases involved child abuse, interviews with service providers have led the present researchers to conclude that the relationship between child and wife abuse is much higher. Staff members at the National Center for the Prevention and Treatment of Child Abuse and Neglect in Denver have observed that many abusive mothers are abused by their mates. In fact, many cases of child abuse were actually an attempt at wife abuse in which the mother picked up a child to ward off an attack (Besharov, 1978).

Respondents indicated that 12 percent of the battering cases involved rape, but it is understood that this figure may be low because this felony often goes unreported (Brownmiller, 1976; Clark and Lewis, 1977; Gager and Schurr, 1976; Medea and Thompson, 1974; Russell, 1975). Walker (1979) notes that almost all the battered women she interviewed felt they had been raped by their batterers. However, coercion into unwanted sex to avoid violence from their husbands is not often labeled "rape" by these women.

Programs reported that 42.3 percent of their clients return to a battering relationship, 43.7 percent leave the batterer permanently, and 18.7 percent achieve a successful resolution in the relationship. It is not clear why the sum of these categories is over 100 percent, but one explanation is that some programs may perceive returning to the relationship as constituting successful resolution of the problem.

As concerns medical payment to programs, it was found that 15.7 percent of the clients qualified for Medicare, 38.7 percent for Medicaid, and 37 percent for an alternate medical plan for the needy. While the reported percentage for Medicare clients is inconsistent with the ages of clients, this can probably be attributed to an error in distinguishing between it and Medicaid.

The programs were asked to identify the legal services obtained by their clients, either by the programs themselves, outside agencies, or individuals (Table 17).

Table 17
Legal Services Obtained by Program Clients

Service	Percent of Programs
Divorce	36.1
Restraining order	34.1
Child support	23.8
Property settlement	22.5
Arrest	13.2
Prosecution of batterer	5.3

The figure reported for divorce is just under that reported for women who leave the batterer permanently and thus appears to be accurate. The relatively small number of arrests and prosecutions is consistent with the findings reported by Bannon (1975), Fields (1977), and Martin (1977).

The reported statistics with regard to child support payments may reflect misunderstanding of the question by participating programs. It is not clear whether in some programs the percentage reported was that of women entitled to such payments who were receiving them or that of all clients. Walker (1979) reports that in divorce cases fewer than 25 percent of the women who are awarded alimony and/or child support payments ever receive this money, and fewer than 10 percent can expect to continue receiving payment. Thus, the figure obtained in this study is higher than Walker's estimate.

Client Demographics

The demographics of the battered women and their men are presented in Tables 18-22.

Table 18
Age of Clients

Age	Battered Women (Percent)	Batterers (Percent)
18-25	32.5	26.8
26-35	37.0	39.6
36-45	18.7	21.5
46-55	8.3	10.7
56-65	2.9	3.3
Over 65	.9	.6

The data indicate that over half of the clients and the batterers were under 35 years-of-age, although these figures reflect only the client population and may not be representative of the entire population of battered women. These findings are consistent with other studies on the use of services by differing age groups, showing again that older people do not make as much use of available services as younger ones. The tables illustrate a number of similar trends. Battered women and batterers were present in all age, education, income, occupation, and ethnic groups. The low percentages reported for the upper education, income, and occupation groups are more or less in proportion to their percentage in the population.

Table 19
Education Level of Clients

Education	Battered Women (Percent)	Batterers (Percent)
Doctoral degree	.8	2.0
Master's degree or over	1.3	3.5
College degree	7.9	10.0
Some college	18.0	16.1
12th grade or GED	41.1	40.0
Under 12th grade	30.3	26.5

Table 20
Income Level of Clients

Income Per Annum	Battered Women (Percent)	Batterers (Percent)
Poverty/welfare-under $5,000	51.7	29.2
$ 5,000 to $ 9,999	27.0	31.1
$10,000 to $14,999	12.6	24.7
$15,000 to $19,999	7.3	8.6
$20,000 to $29,999	2.0	6.8
$30,000 to $39,999	1.1	1.6
Over $40,000	1.1	1.7

Table 21
Occupation of Clients

Occupation	Battered Women (Percent)	Batterers (Percent)
Executives, major professions	.5	3.7
Managers, accountants	3.8	6.5
Small business owners, teachers, social workers	6.1	7.8
Clerical and sales workers, technicians	14.8	14.8
Skilled workers	15.5	25.8
Semiskilled workers	30.0	28.0
Unskilled workers	28.7	15.9

Table 22
Ethnic Background

Ethnic Group	Battered Women (Percent)	Batterers (Percent)
White	72.6	70.9
Black	13.9	15.8
Chicano	6.6	5.0
Other Hispanic	2.2	1.3
Native American	2.7	4.0
Asian	1.6	.9
Other	1.3	1.5

Community Description

The programs studied serve populations that are 66 percent urban and 33 percent rural.

Table 23
Service Areas

Area	Percent of Programs
Small town (under 25,000)	3.3
Small city (under 500,000)	23.7
Larger city (under 2 million)	13.8
Major city (over 2 million)	3.9
County	46.0
Other	9.2

The most common geographic service area is the county, with 46 percent of the programs serving such jurisdictions (Table 23). However, statistics on funding indicate that only 16.6 percent of the programs receive county funds. The ethnic populations in the communities and those of the program participants are in approximately the same proportions (Tables 22 and 24).

Table 24
Ethnic Composition of Communities

Ethnic Background	Percent of Programs
White	79.3
Black	10.9
Chicano	5.5
Other Hispanic	1.7
Native American	1.6
Asian	1.2
Other	1.3
Total	101.5

Conclusions

The data indicate a number of trends which will be discussed in future chapters, including diversity of services offered, cooperation with a variety of community resources, role of women's groups in the initiation and support of programs, limited staff and funds, and limited services for children. The section of the questionnaire concerned with evaluation and areas for future research and demonstration will be discussed in Chapters 14 and 15.

Research of this type poses several difficulties. First, there is no way of knowing the accuracy of the responses received. Second, program staff may have misunderstood some of the questions and therefore provided misleading answers. Third, questions were occasionally left unanswered for reasons that were not specified.

In addition, some questions which now are seen as important were not asked. Future research could focus on questions such as the following:

- What are the specific roles and responsibilities of program staff?
- How many women who received services were subsequently killed by their batterers?
- How many women who were refused services because of lack of room were subsequently killed by their batterers?
- What specific tasks do male staff members have?
- How many minorities are represented on the staff and board?

The final major area of concern is the applicability of the present data to statistical analysis. There was insufficient information for determining cost effectiveness of programs and for deriving correlations. It is suggested that a representative sample of programs be selected for a more indepth and accuracy controlled study which would include correlations on types of services, funding sources, and program orientation. Programs could be funded to collect data and maintain records so that the systematically collected information could be used to determine the impact and cost effectiveness of different models of service delivery. Further relationships may then be found among program orientation, variety of services, and methods of service delivery.

INTRODUCTION TO SITE VISITS

Eight programs were chosen for site visits, based on their orientation, geographic distribution, minority group representation, services offered, service delivery system, staff, administrative structure, and population served. Interviews also were scheduled with individuals in such related community agencies as the police, legal aid societies, hospitals, departments of social services, alcoholism programs, district attorneys' offices, women's and men's resource centers, and rape crisis centers, and with local private physicians and attorneys.

The reports were written by consultants and staff based on their observations at the sites, the questionnaire results, and interviews with the program and other agency staffs. All the reports and the accompanying charts are presented in a fashion meant to facilitate comparison.

Site Chart 1: Direct Services Provided by Facility

SITE	Counseling	Health	Children	Legal	Employment	Housing	Advocacy	Activities
Bradley-Angle House	Onsite individual group by degreed counselors, therapy referral	Referral	Counseling; recreation	Onsite paralegal, counselor, and referral	Onsite counselor, training, placement	Assist in locating	Escort advocates; indirect advocacy	Cultural; civic
Women's Support Shelter	Assertiveness referral	Referral	Daycare, counseling, parenting, recreation	Referral	Referral	Assist in locating	Self help model; indirect advocacy	Art and recreation therapy; cultural, civic, social
Family Crisis Shelter	Self help therapy, referral	Referral	Preschool, child care	Onsite attorney and referral	Training, placement by referral	Assist in locating	Escort advocates; indirect advocacy	
CEASE	Onsite individual group by Center professionals	Referral	Referral	Referral	Referral	Assist in locating	Escort advocates	No facility
WOMA	Onsite individual group assertiveness, peer, paraprofessional, and professional	Referral	Daycare, counseling, tutoring, parenting, recreation	Weekly legal clinic by attorney and referral	Counseling, placement, followup	Assist in locating	Indirect advocacy	Dance therapy, yoga, cultural, civic, recreational
Abused Women's Resource Closet	Self help therapy, peer	Referral	Referral	Referral	Referral	Assist in locating	Escort advocates; indirect advocacy	No facility
Rainbow Retreat	Onsite individual group, Al-Anon limited referral	Referral	Daycare, counseling, parenting, recreation	Volunteer attorneys and referral	Onsite counselor, placement, referral	Assist in locating	Indirect advocacy	Cultural, civic
House of Ruth	Onsite individual group by paraprofessionals, referral service	Referral	Daycare, recreation, education	Referral	Counseling	Second stage houses	Escort advocates; indirect advocacy	Volunteer organized

Site Chart 2: Characteristics of Individual Facilities

SITE	Shelter	Origin	Management	Capacity	Limit to Stay	Staff (M/F)	Transportation
Bradley-Angle House	Yes	Women in halfway house (1975)	Board house meetings	20	No maximum	19 paid (19F) 19 volunteers	By volunteers
Women's Support Shelter	Yes	University-based women's support group (1976)	YWCA board resident meetings	37	Up to 6 months	14 paid (14F) 55 volunteers (5M)	
Family Crisis Shelter	Yes	Agency (1978)	Board house meetings	14	Up to 3 weeks	6 paid (5F/1M) volunteers	
CEASE	No	Coalition of women's groups (1977)	Advisory committee	No facility (referral to shelters)	No facility	3 paid (3F) (inside agencies) 5 volunteers	By staff and volunteers
WOMA	Yes	Feminist group serving low income and minority women (1977)	Council house meetings	25	30 days	16 paid 60 volunteers (10:1 F/M ratio)	
Abused Women's Resource Closet	No	Community task force and agencies (1977)	Cosponsor boards-peer decision-making concept	No facility (referral to 20 safe homes)	No facility (4 days average safe home stay)	3 paid (3F) volunteers	
Rainbow Retreat	Yes	Al-Anon (1974)	Board-client meetings	28	6 weeks	30 paid (29F/1M) 60 volunteers	By volunteers
House of Ruth	Yes	Coalition of women's groups (1976)	Board-resident meetings	20	6 weeks	2 paid (2F) 14 volunteers	

Site Chart 2: Characteristics of Individual Facilities (continued)

SITE	Service to Batterer	Safety	Minority	Financial Aid	Clothing/Food	Hotline
Bradley-Angle House		Address published		Referral to welfare	Both	Yes
Women's Support Shelter	Referral	Address secret	1/3 staff minority	Referral to welfare	Both	24-hour crisis line
Family Crisis Shelter	Onsite and referral counseling; couples therapy	Address published; self-defense training		Limited special grants	Both	Yes
CEASE	Onsite counselor	Secret address		Loan fund	Both	Community hotline
WOMA	Couples therapy	No facility		Referral	Both	CMHC* Hotline
Abused Women's Resource Closet	Referral counseling at office	Secret address	Bilingual council representative, integrated staff	Yes	Both	24-hour hotline
Rainbow Retreat	Referral counseling in agency	Secret address	Integrated staff, Native American Program	Referral to welfare	Food only	24-hour community hotline
House of Ruth	Couples and individual counseling	Address published; self-defense training		Referral	Both	24-hour hotline

*Community Mental Health Center

Site Chart 2: Characteristics of Individual Facilities (continued)

SITE	Staff Training	Community Interaction	Recordkeeping	Cost of Stay	Funding
Bradley-Angle House	Apprentice approach; workshops	Extensive network, liaison system	Limited (invasion of privacy)	$27 per week (room/board)	Private, public (CETA, WIN); donated goods and services
Women's Support Shelter	Extensive volunteer training, apprentice approach; inservice	Extensive network, including military	CETA-staffed record-keeping project	Sliding scale (room), residents buy own food	Private, public (CETA, Title XIX); donated services
Family Crisis Shelter	Informal training; staff retreats	Extensive network, including churches	Comprehensive record-keeping as part of university research project	Free	Private, public (CETA, State Mental Health)
CEASE	Volunteer training; inservice; peer group supervision	Extensive network	Ongoing project evaluation for funding agencies	No facility	Public (LEAA); donated services
WOMA		Extensive network	Ongoing evaluation component	Free	Private, public (CETA), State funds
Abused Women's Resource Closet	Safe home volunteers screened	Extensive network, liaison system	"Questionnaire for assaulted wives"	Free	Private, public (CETA, Community Action Program, Mental Health Assn.); donated services
Rainbow Retreat	1-6 weeks initial training; inservice; job rotation system for volunteers; staff retreats	Extensive network	Client data collected	Sliding scale	Private, public (CETA, LEAA, State, City)
House of Ruth	Volunteer training; inservice	Extensive network	Client data collected	$10 per week (food)	Private, public (CETA), donated goods and services

Chapter 3

Site Bradley-Angle House, Inc.
P. O. Box 40132
Portland, Oregon 97240
Phone (503) 281-8275

Location

The population of the tricounty metropolitan area of Portland is over 1 million persons, 400,000 of whom live in the city. The city is an important commerce center, with a busy port and much industry. While the primary catchment area for Bradley-Angle (B.A.) House is Portland, service is provided to the entire west coast via the Western States Shelter Network. The Oregon Coalition Against Domestic Violence also helps provide outreach service to the outlying areas of the State.

The population of the area is 94.9 percent white, 2.3 percent black, 1.4 percent Hispanic, .4 percent Native American, .6 percent Asian, .1 percent Filipino, and .3 percent other. The mean income level is $11,803 for all families, and $6,280 for families headed by women.

Historical Perspective

B.A. House is an outgrowth of Prescott House, a shelter primarily for women coming out of prison. B.A. House, named for Sharon Bradley and Pam Angle, both of whom died of drug overdoses, was started by women who were struggling to overcome the influences of violence, alcohol, and drugs in their own lives. These women, mothers, prostitutes, alcoholics, drug addicts, and lesbians, all had experienced violence and were therefore amenable to the idea of including battered women in the B.A. House clientele. The House began operation in 1975 with a CETA grant and $2,000 from the Women's Resource Center.

From the start, B.A. House was a self-help endeavor. The six staff members, unfamiliar with administrative matters such as licensing procedures, counseling techniques, and writing proposals and job descriptions, had to learn everything as they went along.

Management

Administration and Board

B.A. House has both a working board of directors and an advisory board. The board of directors consists of ex-battered women, many of whom once lived in B.A. House, clergywomen, business women, human service professionals, and politicians. Decisions are made both by the board and at house meetings of residents, staff, ex-residents, and trained volunteers. When a major decision is slated to be discussed at a house meeting, board members are usually in attendance so that a consensus of all the decision-makers can be possible. Residents are involved in hiring staff and making budget and organization decisions.

Staff and Volunteers

Volunteers include women from grassroots organizations, ex-battered women, and professionals. Many of the staff are former residents who work in all facets of the program as well as serve the public relations functions of speaking to community groups and assisting in securing cooperation with the police and other agencies. Staff and volunteers share in training new employees by working along with them in their new jobs, and all personnel participate in the same workshops and conferences. These events, created around such topics as racism, child abuse, substance abuse, and legal information, are put together by staff members.

The staff, comprised of about a third minority women, has resulted from a successful affirmative action policy. It includes two coadministrative coordinators; a staff coordinator; counselors for group therapy, outreach, and followup; a home advisor-counselor; a volunteer coordinator; advocates/general shelter workers; an employment counselor; a paralegal counselor; and two child care coordinators.

Facility

Description

B.A. House is a large, multistory home in a residential area of Portland. A small office for staff, located on the first floor, includes a bed for the night staff person. It is surrounded by a yard and looks like the other houses on the block. In an effort to keep it

secure, the address is strictly confidential; it is not even available to social workers in the welfare office. A system of locks has been installed, and the door is never answered without someone checking to see who is there.

PROCEDURES

From the moment the woman enters B.A. House, she is encouraged to become involved in the running of the household and to make whatever personal decisions are possible at that point. She must participate in each Monday morning meeting, at which the decisions of the collective are made, and in a weekly group therapy session.

Residents are expected to share in chores, such as cooking and cleaning, and pay for their room and board, although no woman is refused service because of inability to pay. A home advisor oversees the organization of chores, purchasing of food, and continuing of daytime activities. The housekeeper assists residents in meal planning and food shopping. The food budget is a perpetual problem, since State law prohibits the issuance of food stamps to persons sharing meals and living in a residential program that is not exclusively for alcohol and/or drug problems. As a partial solution, the home advisor has established contact with a farmers' surplus group and obtains food for free or at discount prices whenever possible.

SERVICES

The wide range of services available at B.A. House include the following:

Direct
- (1) A 24-hour crisis line;
- (2) Groups:
  - cooking and nutrition
  - battered women
  - women in transition
  - self care
  - mothers;
- (3) Individual counseling;
- (4) Clothing bank;
- (5) Cultural/civic activities;
- (6) Limited financial services;
- (7) Assistance in finding new housing;
- (8) Food;
- (9) Welfare assistance;
- (10) Job counseling, training, and placement;

By Referral
- (11) Legal counseling;
- (12) Shelter outside Portland for safety reasons;
- (13) Educational counseling;
- (14) Medical and family planning;

Indirect
- (15) Community education;
- (16) Legislative reform (through the Oregon Shelter Network);
- (17) Training for professionals in other emergency and social services;

For Children
- (18) Counseling;
- (19) Supervised recreational activities;
- (20) Outdoor playground.

B.A. House has refined advocacy to the point where the staff considers it to be extremely effective. Each newly arrived woman is assigned an advocate, who walks her through the referral system and sees that she gets the services she needs. For example, an advocate was able to obtain transportation money from the welfare department for sending a woman to another State for her safety after the woman herself had been told by a social worker that she could not receive the money. B.A. House also has a liaison person with the police, legal aid, and other agencies in order to affect their policies and register complaints.

Demographics-Client

B.A. House does not maintain records on the age, ethnic background, income, occupation, or educational level of its residents.

Funding

Several positions at B.A. House are CETA-funded. Funds have also been received from WIN and United Way, and loans have been obtained from individuals and from the Women's Resource Center. The Antioch Work Study Program supports a student who is doing her practicum at B.A. House.

Evaluation

Evaluation of the program consists of clients' remarks at the time they receive services and when they are interviewed before leaving the house.

Community Interaction

POLICE

B.A. House and the Portland Police Department each have designated a liaison person to deal with the other organization, which has resulted in good communication and mutual cooperation between the two. If an unfavorable report about the police's handling of a situation reaches the B.A. House, the community liaison person contacts the appropriate police officer who either personally looks into the matter or refers it to Internal Affairs. When the B.A. House liaison complains that an officer's actions are

not appropriate, department officials determine whether this was a procedural or a training problem and handle the matter internally.

B.A. House, the Oregon Coalition Against Domestic Violence, the police, and legal aid are presently cooperating in designing a bulletin to train police officers with regard to new procedures in answering disturbance calls required by a new Oregon law regarding domestic violence. Before the new law went into effect in October 1977, the typical procedure was to separate the couple, identify the most rational person, and work out a solution such as finding one spouse temporary shelter for the night, referring one to a detoxification center, or arresting one. The new legislation, technical and subject to misinterpretation as it is, makes it mandatory that an arrest be made if there is a probable cause of assault.

At present, when the police enter a battering situation, they give the woman printed cards with the phone numbers of two shelters in Portland—B.A. House and the Family Center operated by Volunteers of America. They plan also to print cards with the phone number of the Men's Resource Center, which offers counseling for batterers, to give to the men.

Legal/Judicial

In an interview with the director of the Victim's Assistance Program of the district attorney's office, it was revealed that approximately 10 percent of their clients (270 women per year) are battered women. The program has helped women obtain conditional releases (no contact with the victim pending disposition of the case), restraining orders, and arrests. Generally, when contact is made with a victim, the staff assesses her needs and then refers her to appropriate agencies and emergency shelters. In the past, there was a program-wide lack of followup on these referrals, but this situation has been improved by the initiation of recordkeeping.

Even when a battered woman initiates action against a batterer, she often will refuse to actually sign a complaint, and the deputy district attorney cannot force her to do so.

B.A. House staff believe that quite often women will not prosecute because they do not believe they will be provided with adequate police protection. Many are discouraged by the district attorney's office when they learn that they will have a lengthy wait (3-6 months) on the court docket, during which time their men are aware of the pending legal actions and may retaliate. An additional problem is that maximum convictions seldom occur.

In the Family Law Center of Portland's Legal Aid Office, approximately 60 percent of the clients, some 1,200 people per year, are battered women. The major service now provided to battered women is assistance in obtaining divorce, temporary restraining orders, and removal orders, and assistance in custody issues. With the revised restraining order statute, it is now possible to get restraining orders against a spouse, a former spouse, or a person with whom one is cohabitating, without the former requirement that divorce proceedings had already been started. The obtaining of a restraining order is more immediate than pursuing criminal charges through the district attorney's office, requiring only that a woman see a circuit court judge. While no hearing is required, a man can request a hearing to contest the order. There still are occasional problems in serving the restraining order to men who do not have a permanent residence or job.

B.A. House's association with legislators has been one of mutual cooperation. Together with the Oregon Coalition Against Domestic Violence, B.A. House has helped to introduce legislative reform. Ms. Gretchen Kafoury of the State House of Representatives is on the Board of Directors of B.A. House and takes an active interest in its services.

Medical/Hospitals

The People's Health Clinic provides routine health care to residents of B.A. House and emergency care following battering incidents. The clinic also assists women in verifying their eligibility for welfare, which usually requires a physician's statement that the woman is at least temporarily disabled. The clinic is located in a poverty area, and many of the patients qualify for Medicaid.

In addition, the Department of Social Work at Emanuel Hospital provides counseling and crisis intervention, referral to the welfare department for financial assistance, and referral to B.A. House and other shelters. Generally, the services of the department are available to inpatients and outpatients of the hospital, and others seeking help there are referred to other agencies. Women leaving the hospital are given the phone number of the Rape Relief Hotline so that they will have access to that 24-hour service. Typically, emergency room physicians do not pursue questions about a woman's injuries, so that more referrals to B.A. House are received from private physicians than emergency room residents. Sometimes referrals come from the Pediatric Department, although these often are indirect. Perhaps an aide may overhear the woman talking about being beaten, and he passes this information to the nurse, who in turn notifies the physician and social workers. These social workers indicated that the shelters in the city are often full, and there is a definite need for more space. They also felt that there was a need for better police protection and more publicity about services available for battered women.

Social Services

Approximately 5 percent of the clients of the Adult and Family Services Division of the Department of Human Resources are battered women—about 60 women per year in the Multnomah Regional Office. In an emergency situation, the agency will interview the woman and call a guard if necessary for her protection, provide necessary medical attention, and call B.A. House if shelter is needed (it offers better protection than the Salvation Army).

Welfare

Referrals from B.A. House to Welfare are through a B.A. House advocate who represents the battered woman. The one point of conflict with B.A. House arose over the issue of the House refusal to disclose its address. Once the agency agreed that the B.A. House was within its jurisdiction, residents were no longer required to provide their addresses, and monthly checks began being sent to B.A. House's post office box.

Child Welfare and Education

The Children's Services Division (CSD) of the Department of Human Resources occasionally refers women to B.A. House and other shelters. The reverse is true, too, and shelters sometimes call CSD if one of their clients needs help with her children. CSD also provides referrals for batterers. All referrals are arranged by case workers. If the woman has children who are in need of shelter, the case is referred to Child Protective Services (CPS), which then follows the case until the child is considered well protected. The shelters in the area are protective of their residents and do not necessarily report women who are abusing their children. Instead, they try to take care of the problem themselves or refer to Parents Anonymous.

B.A. House sends many children to the private Immaculate Heart School, which is preferred over public schools because of the cooperation it has shown with the B.A. program. It is often difficult to place children in the public schools without such documents as a birth certificate, medical records, and previous school records, and a battered woman who quickly escaped a violent episode is not likely to have these documents on hand. Furthermore, a request that the records be transferred to the new school could result in the father locating the mother's new residence. While medical records are necessary for small children to ascertain whether they have had required immunizations, school records are not required because the school is ungraded so there is no need for test grades and traditional grade placements.

The principal also stated that the assignment of a liaison person to work with a school is a very effective method for a shelter to use. In cases in which the child is having trouble in school, the mother may not want to admit it because that is just one more problem for her. It is often helpful to have someone who is not part of the school explain the child's difficulties, recommendations for curriculum, and, if necessary, counseling to the parent. In addition, the liaison person can help coordinate the child's after school activities with various recreation centers and inform the mother of youth services.

This principal also saw several needs for children of battered women. She believed that there should be group and individual counseling for them, a slow transition into a new school with much support from a shelter staff, and parenting classes on topics such as nonviolent disciplinary methods, learning to use community resources for children, guidelines on working with the public schools, and laws pertaining to child custody.

Parents Anonymous (PA) of Oregon has worked with several battered women's shelters, including B.A. House. In most cases PA has approached the shelters to seek housing for mothers and children. In fewer cases, the shelters refer child-abusing women to PA. PA offers several activities for parents, including telephone and peer group counseling. The basic philosophy of the program is "You can motivate yourself." However, in cases in which a woman is in severe crisis, PA helps her by making referrals and occasionally welfare advocacy.

PA also has established rap sessions, known as KOPE, for children 8 years-of-age and older. The groups are led by the children themselves with the assistance of a social worker or psychologist and elected parent representatives who have received training in group facilitation.

Mental Health Services

Although B.A. House used to refer women to the Multnomah County Northeast Mental Health Clinic, the clinic now primarily provides long term followup care for persons with acute and chronic psychoses. Currently, in a very few cases where the woman is psychotic, she has been referred to B.A. House or Volunteers of America for shelter while she continues going to the clinic. There are, however, several sources of conflict between the clinic and shelters for battered women. One is that the shelter may want to continue a client on welfare because of financial need, although she is no longer disabled according to the clinic. Two, the clinic may urge the shelter staff to continue working with a difficult client when they are exhausted with the problem. And three, the staffs may disagree with regard to the use of medication and the clinic's treatment approach to women.

The Center for Community Mental Health, a private contract agency funded by United Way and

CETA, reportedly does occasionally counsel battered women and provides them with hotline phone numbers, although B.A. House was not aware of the Center or its services. On the other hand, a Women's Mental Health Project, recently begun in Portland, will provide support for emotionally disturbed women. They plan to have a halfway house in the near future, and B.A. will develop a working relationship with this project.

The Morrison Counseling Center, a private nonprofit organization which originally started as a child guidance clinic, now offers comprehensive family services. The division that typically works with battering couples is the Family Nursing Program (FNP), which offers parent groups, family therapy, marriage counseling, and children's groups. It refers battered women to shelters, including B.A. House, as well as receiving referrals from them, and advises those who do not want to leave their relationships of the various community resources available to them. The Center is funded by county mental health programs, clients fees, and the United Way.

Services to Special Populations

The Alcohol Counseling and Recovery Program offers counseling to men and women who are alcoholics and to the families of alcoholics. B.A. House has made referrals to the facility, and when B.A. House was overcrowded, women were permitted to stay in the residential facilities of the Program. The director of the organization's women's program explained that battering in a family in which alcoholism is involved poses special problems. When an alcoholic is in the sobering stage, he or she may be very irate. During the adjustment period following detoxification, which can last up to a year, typically there is nowhere for a woman alcoholic to go; more facilities are available for men.

Women's Groups

B.A. House belongs to the Oregon Coalition Against Domestic Violence, the Western States Shelter Network, and the National Coalition Against Domestic Violence. Its participation in these groups allows its staff and residents to contribute to and learn from other similar groups, as well as to participate in a united front to initiate legislative change.

Rape Relief Hotline

The Rape Relief Hotline of Portland, using a staff partially trained by the district attorney's office, provides crisis intervention counseling and referral information to B.A. House and other shelters in the area, legal aid, the police, and medical clinics, and private physicians, attorneys, and therapists. Typically, the staff calls the referrals first to insure that the woman will receive service. They also conduct personal advocacy with the police, shelter homes, and legal aid.

The hotline staff record each call that comes in and try to determine the woman's situation. They ask about the history of abuse, whether the woman is married, what legal steps she wants to take, and whether she wants shelter, taking care not to make decisions for her. If the woman has bruises, she is told that she can go to the police criminalistics unit to have pictures taken. If a recent beating resulted in a police visit, hotline staff determine whether the police enforced the new law.

Women often do not want to give their names when they call the hotline, and the staff try to get at least a first name for use in writing up the situation and the options the woman is considering. No one calls the woman back if there is danger of antagonizing the man, but instead a staff member arranges to meet her in a neutral place. Followup consists of contacting the agency to which the woman was referred.

Raphael House

Raphael House is a general emergency housing facility in Portland which serves a large number of battered women. It is managed by the Holy Order of Manns and is almost totally supported by CETA monies. The staff are making efforts to redefine their program so that they can provide more direct services to battered women. The staff consists of an executive director, two assistant directors, two child care workers, a housekeeper, a purchaser/driver, an evening staff, and a night staff.

The program at Raphael House differs from that of B.A. House in many ways. Women typically do not stay at Raphael House for more than 2 weeks. During this time, child care, cooking, housekeeping, and transportation services are provided to enable the women to establish their financial and living arrangements. The decisionmaking process at Raphael House also is more traditional than that at B.A. House. Lines of authority are set, and only limited input from residents is considered desirable.

Men's Resource Center

The Portland Men's Resource Center is committed to eliminating violence against women by providing counseling to batterers, publishing articles about battered women in its newspaper, educating the public, and providing typing and child care services to B.A. House.

The monthly newspaper, *Changing Men*, is distributed to men in resource centers throughout the country and serves as a model for establishing programs. Men from the Center speak to groups in the area, making use of a slide show and a film, *Men's Lives*.

The Center recently initiated counseling for batterers, a specialized service that has been announced

to agencies that provide services to battered women. One way that the service is being made known is via cards with the telephone number of the Center, which are left in homes by the police when they answer domestic disturbance calls. The Center provides counseling only to men who seek the service voluntarily, so the clientele for this service has been small. Referrals also are few because agencies that work with battered women typically do not see the batterers, and the Center does not want the police to refer batterers as an alternative to enforcing the law and arresting them on assault charges.

The counseling staff consists of a psychologist, a social worker, and several paraprofessionals. The goal of counseling is that the man will never hit a woman again. The men who have sought help thus far have lost control and were troubled afterward about what they had done, and none are long term batterers. Most of them have multiple problems, some involving alcohol and drugs, many involving finances. The Center's low fee rates may account for the large population of low income clients.

The counseling of batterers involves a delicate balance between providing support and avoiding male bonding, which can result in the men reinforcing each other's behavior. The counselors do, however, attempt to provide some support to the batterers because excessive guilt may also prevent change.

Summary

Bradley-Angle House is both a consensus decision-making and a feminist program. Equality is stressed among staff and residents. Staff continually strive to develop a more egalitarian administrative policy and to help residents develop a strong positive self-concept.

Chapter 4

Site Women's Support Shelter
405 Broadway
Tacoma, Washington 98402
Phone (206) 383-2593

Location

Tacoma, a city of nearly half a million people, is located along the Puget Sound, 30 miles south of Seattle. The city is the largest in Pierce County. It is metropolitan, moderately industrialized, and characterized by a large military population from nearby Naval, Army, and Air Force installations. The population is 89.5 percent white, 5 percent black, 3 percent Hispanic, 2 percent Asian, and 1.5 percent Native American. According to 1970 census data, 46 percent of the people in Tacoma were in a middle income group, earning from $10,000 to $23,750 per year. One third of the population was lower middle class, earning from $5,500 to $10,000 per year, and 18 percent earned under $5,000.

Historical Perspective

The problem of woman battering became a public issue in Tacoma in the early 1970's when a university-based women's support group and a YWCA group began to work together to initiate rape relief and health clinic projects, as well as housing for battered women.

Once the need for emergency housing was defined, some of the activists became members of the board of directors of the YWCA and were instrumental in having four rooms set aside for emergency housing. Two years later, in 1976, they were able to move the Y's focus from a residence for working women, young people, and indigents to a shelter for battered women. A three-person staff, aided by students and volunteers, began to develop a comprehensive range of services. In 1978, the shelter secured sufficient funding to expand the staff to the equivalent of 10 full-time positions.

Management

As one of three YWCA programs, the shelter exists within a traditional, hierarchical structure under the supervision of an administrator and the governance of a board of directors. The staff, however, operates collectively. Two workers are identified as coordinators, one responsible for residential/counseling services and one for emergency/community liaison services. Between staff meetings, the workers communicate through a daily log, recording incidents, plans, and announcements. All workers and residents participate in consensus decisionmaking at all levels within the shelter, as well as representing the shelter to the community, the YMCA, and to State and regional networks of shelters and programs for battered women.

New staff members are trained for 2 weeks by current workers, and inservice training occurs in the weekly staff meetings. Volunteer workers are trained in two 3-hour sessions weekly for three consecutive weeks on such subjects as values clarification, community resource issues, shelter information, and listening/counseling skills. The program then contracts with each volunteer individually.

Facility

Description

The YWCA is able to house 37 women and children. This building, while it is large and affords a good mix of privacy with community lifestyle, requires renovation and refurnishing within the next 3 years at an estimated cost of $800,000. Designated as a State historical landmark, the facility is not renovated to be accessible to the handicapped, although it has been necessary for a number of handicapped women to use the shelter and services. An elevator makes the floors marginally accessible to them.

The two floors which the shelter occupies house offices, meeting rooms, two large kitchens, a laundry room, TV rooms, shower rooms, and small, individual bedrooms for the women and their children. The shelter is in compliance with fire, building, daycare, and hotel regulations. The program provides for resident security by special arrangement with the police and through 24-hour staff coverage.

Procedures

Potential residents are screened so that only those women who will fit into the program structure are taken in. Women who may be dangerous to themselves or others, are observably psychotic, are in need of medical supervision, and are unwilling to consider their emotional situation are referred elsewhere.

Women may stay in the shelter up to 6 months and may return as many times as necessary. Mothers are encouraged to bring their children with them.

A staff member fills out a contract sheet for each woman who walks in or calls and an admission card for each resident. A list of residence rules covering length of stay, standards of behavior, curfew, telephone use, and care of children is distributed to each woman. Mothers are responsible for caring for their children and can arrange for babysitting and daycare. Each woman is responsible for her own food buying and preparation, although pooling of resources is encouraged, while cleaning is shared on a rotating, task assignment basis.

Residence fees are $92 for the first month and $77 thereafter, although a sliding scale is used. The high fee is $250 per month for a family, the most common fee is $67-$77 per month, and the fee is waived if a woman has no money.

The batterer is allowed on the premises if the resident chooses to see him and if he does not threaten or abuse her. If the woman chooses not to have her whereabouts known, no information is released about her.

SERVICES

An estimated 2,500 women and 361 children were served by the facility during 1977. Of the 574 who were sheltered, 198 had been physically battered. Nearly 2,000 women were served on a nonresidential basis.

The priority of services is the provision of safety, shelter, food, and clothing to families fleeing domestic violence. The need for support is met both by the provision of a living situation and the development of strong group identification which allows the women and children to know that they are not isolated victims of violence and provides a forum for the free exchange of the experiences a woman has as she changes her behavior and/or her environment. Peer support, however, is not enough since inherent in change is the searching for and setting of personal goals. The other vital part of the program is advocacy.

Advocacy is a three-level system. The first involves listening to the battered women's stories. Often this is the first time that the woman and child have been able to safely discuss their fears and pains without fear of retaliation or degradation. The second involves educating the woman to realize that she need not be a victim, but instead can take care of herself and live without violence. Unlike many traditional programs, the Women's Support Shelter instructs her through group or rap sessions how to use the available services herself, rather than letting someone else do it for her. She is guided, informed, and supported in her efforts. The advocacy is done by staff, volunteers, former residents, and residents who have been involved in the program for a while. The third step of advocacy is teaching her how to operate both within the social services bureaucracy and normal society.

Staff and trained volunteers are always available to answer the shelter hotline, advising women about access to shelter housing and counseling and providing advocacy and information on referral. About half of the women using the shelter call the widely advertised shelter hotline first. Crisis cards bearing the shelter number are distributed at the scenes of domestic disturbance by city and county police and emergency medical services personnel, and account for another 10 percent of families reaching the shelter. The remaining third are referred by other social services and community groups. Community education programs thus are an important aspect of shelter service. Residents, staff, and volunteers perform this function through such means as participation in church, ethnic, and business community events. One program on domestic violence developed for junior high and high school classes brought a number of girls into the shelter and battered women's rap groups.

Services include the following:

Direct

(1) A 24-hour hotline;
(2) Groups:
—cooking and nutrition
—battered women
—assertiveness training
—women in transition
—problem solving
—self care
—mothers
—incest
—parent power
—art therapy;
(3) Individual counseling;
(4) Clothing bank;
(5) Art and recreational therapy;
(6) Limited counseling for the batterer and for couples;
(7) Cultural/civic activities;
(8) Limited financial services;
(9) Assistance in finding new housing;
(10) Food;
(11) Self-defense training;
(12) Welfare assistance;

By Referral

(13) Counseling;
(14) Job counseling, training, and placement;
(15) Legal counseling;
(16) Shelter outside Tacoma for safety reasons;

(17) Educational counseling;
(18) Medical and family planning;

Indirect

(19) Community education;
(20) Legislative reform (through the Washington Shelter Network);
(21) Training for professionals in other emergency and social services;

For Children

(22) Limited daycare;
(23) Counseling;
(24) Supervised recreational activities;
(25) Well-child clinic (biweekly);
(26) Outdoor playground (under construction);
(27) Summer nutrition and recreational programs.

An important but often overlooked element of shelter life is the social one. Opportunities for working and playing safely in the company of other women are unlimited. Some recreation, education, and aesthetic events are offered by residents, staff, and volunteers, and all of the regular YWCA programs are available to shelter women. A weekly Friday night social event is organized by shelter women and volunteers.

Another area of need which is only recently being addressed is that of children's services. Play areas are inadequate since the use of YWCA recreation facilities is restricted by the limited availability of lifesaving and other recreational volunteers, and therapy opportunities for children are inadequate. A staff member currently employed in a 6-month CETA project is developing child therapy and recreation and child care resources.

Demographics-Client

During 1977 the program sheltered 935 women and children, 92 percent of whom arrived on an emergency basis. Over half of the shelter referrals were self-initiated or due to the intervention of a friend. The single community agent responsible for the most referrals was the police department with 9.5 percent. The remaining 32.5 percent were provided by other agencies.

All but 7 percent of the residents were between the ages of 18 and 40—81 percent were white, 13 percent black, 1.4 percent Hispanic, 2 percent Asian, and 2.5 percent Native American. Some 43.4 percent had no independent source of income, 37.8 percent received money through government programs, and only 11.5 percent were employed, with the majority of those women earning less than $5,000 a year. At least 15 percent of the women were military dependents.

When they entered the shelter, the women stated problems ranging from having no other place to go to social/emotional problems to rape. However, the largest category of present problems was battering (34.5 percent).

Funding

The staff states that funding is a major problem. They applied for but did not receive Community Block Development Program monies from the Department of Housing and Urban Development (HUD), although individual residents have participated in the HUD rent subsidy program for permanent housing. Since 1974, the shelter has employed staff through CETA funds. The staff is interested in applying for funding under ACTION and Displaced Homemaker provisions. No funds have been sought under the Community Services and Economic Development Administrations or from the Law Enforcement Assistance Administration.

Assistance Administration

Currently, the shelter obtains more than half of its funding from local sources and the balance from Federal agencies under Medicaid (Title XIX) and CETA. Many shelters do not wish to receive Medicaid funds because it requires labeling recipients as mentally ill in order that the facility be classified as a mental health center. The Tacoma staff, however, believe that diagnoses can be made and labeled as temporary reactions to stress without damage to the woman's self-esteem or future well-being, especially if records are kept strictly confidential. Women's Support Shelter is the only program in the State that is not a mental health program but is receiving Title XIX funds.

Women's Support Shelter also has received approval from both the local and regional administrations of the State Department of Social and Health Services for Title XX funding. At the State level, the department recognizes that women's shelters are ideally suited for Title XX funding, but direct appropriation of funds will not take place at least until the next legislative sessions. In the interim, some programs have managed to secure Title XX funds on a per diem basis. The Tacoma shelter has decided that since this sum is less than a woman would be able to collect from welfare, Title XX monies will be sought only in cases where the woman is unable to receive welfare. The funds would be received as a reimbursement for time spent in the shelter prior to receipt of welfare payments, and it will be the woman's responsibility to collect the money and pay for her room and board herself.

Evaluation

Statistics, program goals, changes, and expansion goals are submitted annually to the YWCA board and membership. The program's use of revenue sharing funds is monitored quarterly by an officer of the City Department of Human Development. In addition, the director of the Comprehensive Mental Health Center, with whom the shelter subcontracts to receive medical coupons (Title XIX funds), makes a periodic review of counseling notes and progress. Finally, a recordkeeping system has been developed within the shelter in a CETA-staffed program and will now be used in a limited evaluation of services and their effectiveness.

More comprehensive evaluation of shelter and counseling services is desired by shelter staff and YWCA administration. Plans are underway now to study the process and analyze the factors of counseling for batterers, communication styles in battering relationships, and specific problems related to the military population, to Asian military dependents, and to handicapped victims of battering.

Community Interaction

Women's Support Shelter has developed an extensive network of relationships with emergency and human service agencies in the community to enrich the options available to battered women and their children. Many of the ties are particularly strong because the staff has encouraged human service agents to seek membership on the board of the YWCA, its shelter committee, and in the community's Battered Women Task Force. The Women's Support Shelter also has regular membership in interagency and issue-oriented coalitions such as the countywide Mental Health Coordinating Council, Minority Concerns Task Force, and Information and Referral Council.

Police

Police officers are often the first community agents who come in contact with battered women. During 1977, police in Pierce County referred about 10 percent of the women who lived in the shelter, a percentage which may increase with their distribution of the crisis cards regarding shelter location and phone number. Additionally, a shelter staff member has made an informational film to be used in training officers.

Victims of battering may continue to have contact with the law enforcement system through the Pierce County Victim-Witness Assistance Program. Program staff review police reports daily and contact victims by mail to offer services, including arranging presentencing contact with the judge, transportation to hearing and trials, referrals to other agencies, information about the progress of the case, and a followup check about family problems.

Legal

An attorney in the legal department of the city's Criminal Division estimates that 95 percent of the women return to the batterer, while less than 1 percent achieve satisfactory resolution in the relationship. While most of the victims eventually request that he drop charges against the batterer, the attorney does not do so until the victims have contacted the shelter and more fully appreciate the options and consequences of their decisions. Should the batterer be prosecuted and found guilty, he may be offered an opportunity to avoid imprisonment by entering a counseling program called Spouse Abuse Treatment (SPAT), which is available to first time offenders charged with misdemeanors.

In cases where the batterer is not prosecuted, the victim may be referred to the Puget Sound Legal Assistance Foundation. Workers there report that about a quarter of their calls are from battered women, many of whom have just experienced an assault. Attorneys have found that this postbattering period is one of low energy, lack of desire to take action, and an initial inability to deal with the services the foundation offers. To explore alternative responses to battered women, the foundation became the site for a pilot project conducted by the Department of Family Policy Studies at Pacific Lutheran University. Workers in this project were trained and supervised by Women's Support Shelter staff, and the shelter was frequently used as a resource in serving project users. The project focused on requests for temporary restraining orders, the only protective remedy available to wives of batterers, and on social services which cannot be provided by legal staff. The project staff assessed needs, compiled a list of community resources, and tested the impact of referring women to social services from a nonclinical setting. Forty women, who listed job training, transportation, and child care as their greatest needs, were assisted, and 21 of them were interviewed months after referral. All were making greater use of community resources and had secured suitable living arrangements, child care, and income. Transportation, however, remained a pressing need. All the women received the temporary restraining order they sought, but most became aware of how little protection such a remedy afforded them.

Medical

Public health nurses and social workers in medical settings are sources of assistance for battered women in Tacoma. The nurses observe that public education about child abuse has made it easier for them to iden-

tify and refer women who have been battered. The social workers report that the attitudes of physicians are important in getting referrals.

In the case of the Puget Sound General Hospital, the social worker for inpatients offers crisis counseling and referral to supportive community services. Her services, which are offered free, are made known to patients through circulation of pamphlets in the hospital. Most of her clients in 1977 were between the ages of 18 and 25 and were in lower middle or poverty level socioeconomic classes. The social worker estimates that most of the cases involved alcoholism; half involved rape. Half the women returned to the relationship, while a third left permanently.

Data provided by the hospital's emergency room were somewhat similar. Most of the battered women treated had a high school education or less and earned less than $5,000 annually; however, a larger number of their patients were 36 to 45 years-of-age. Records indicate that half of the battering cases involved alcoholism. Nearly all emergency room patients returned home with the batterer despite alternatives available through referral.

Social Services

To assist women in solving immediate financial and health problems, the State Department of Social and Health Services (DSHS) has assigned a community worker to the shelter full time. Her role involves helping residents verify their eligibility for services through a documentation process and acting as an advocate for the woman in the various agency systems she may enter.

The shelter also has a unique arrangement with the Comprehensive Mental Health Center so that it can receive reimbursements from Medicaid. Under a subcontract with the shelter, a Center psychiatrist attends meetings with the shelter staff during which new resident information is presented and records are reviewed prior to government audit. Shelter residents are informed of this option for compensation for counseling services and may choose to participate or not. If a woman does choose to participate, she has access to her own case records, which are kept at the Women's Support Shelter, at any time. A copy of intake, problem list, and summary sheets are kept in confidential files at the Mental Health Center for auditing and are accessible only to the director. All women in the shelter or its community may receive the services of their choice, regardless of their decision to allow compensation through mental health funds.

Mental Health

The Greater Lakes Mental Health Center employs a person to work with patients who leave the hospital and enter programs of the three area mental health centers. The shelter is the only place to refer women needing a transitional living facility, though several exist for men. It is her belief that the definition of a battered woman should be broadened to include those who have been institutionally and emotionally battered.

In Pierce County, the women's program of the Community Alcohol Services provides groups for those who want to resolve their alcoholism problems. The program recognizes that various aspects of alcoholism are different for men and women and focuses on role stereotypes, characteristics of female alcoholics, recovery process, physiological components, assertiveness, problems of female heads of households, and women's hostility to women. The agency refers to the shelter for housing and support at all stages of their program.

The DSHS, which offers direct services to incest victims and offenders, recognizes that incest may be part of generally abusive behavior within the family. From this perspective the DSHS has developed a counseling program for victims and a diversion program for the offenders. At the time of the site visit, the DSHS worker was arranging for victims in his program to assist the shelter in starting a group for residents who have experienced incest in their lives. This group for adult women who were sexually molested as children is now an established part of the shelter counseling program.

Services for Children

The children of battered women are of major concern to the shelter. In an effort to improve mother-child relationships, the staff has used the services of the Panel for Family Living. Established as a Federal demonstration project, the panel offers indirect services to abusive parents through support of Parents Anonymous and community consultation, education, information, and training. Panel resource people find they can be successful working with shelter residents in workshops. They are viewed as experts and have the added advantage of being uninvolved in the daily, ongoing problems of the shelter. In the future, the panel will provide training services to shelter staff.

Public schools and related educational programs can be instrumental in children's reactions to the battering situation. A counselor at a Tacoma junior high school reports that mothers feel uncomfortable sending their children to that school while they are living at the shelter, fearing the children may be snatched by the batterer while at school or in transit. Children who do still attend their neighborhood schools consequently are quite apprehensive. The counselor has found that parents and children do not usually consider the school counseling service as an appropriate

resource for working with abuse because they consider their plight so shameful that it must be concealed from even close friends. Nevertheless, problems are exposed, and the counselor finds Children's Protective Services (DSHS), Emergency Foster Home Service (part of a mental health center), and the shelter to be among the most useful and cooperative resources.

A teacher in the Tacoma Public Schools Headstart-Follow Through Program finds that battered mothers of her pupils will reveal their problems and seek counseling and referral more readily to services which can provide housing, food, and clothing.

Education/Employment

Several of the agencies serving battered women report that many of them have not completed high school. Consequently, the public school system in Tacoma offers "Alternatives for Individuals" high schools, which provide both academic and social services to women of high school age. School personnel cooperate with the Battered Women's Task Force in providing workshops for students and referring them for shelter, counseling, and support.

Another educational service in Pierce County is the DHEW-funded Educational Opportunity and Resource Center (EORC), which has services available for those who wish to pursue career planning and additional education. Without charge, any woman who is a resident of Pierce County may take advantage of counseling, interest testing, a resources library, and a tutor bank. Referral to other agencies is available to women who reveal problems in their educational counseling sessions. EORC staff have provided services within the shelter on a regular basis.

For women who are working or seeking employment or housing, the Women's Division of the City of Tacoma offers help. Established in 1973 with revenue sharing funds, the agency is active in enforcing city ordinances against discrimination in housing, employment, credit, and public accommodations. Additionally, it facilitates the relationship between the shelter and such public services as the police and fire departments and emergency medical personnel who respond to domestic disturbance calls.

A job service branch of the Washington State Unemployment Office located in the YWCA building has up-to-the-minute job listings and a full-time employment counselor.

Services to Special Populations

Women's Support Shelter and Pierce County recognize that within the battered women population exist particular groups requiring special responses. Among them are victims of rape, incest, and alcohol abuse, those released from the State hospital, Asian women married to U.S. servicemen, and military wives in general.

The Pierce County Rape Relief Center considers any rape victim who has been severely verbally threatened, physically injured, or threatened by a weapon to be a battered woman. Under this definition, 66 percent of their 75 clients in 1977 were battered. They receive 24-hour counseling and advocacy in getting police, hospital, and legal services. Support groups are also available. Those victims needing housing are referred to the shelter. Those agencies considered by the center to be most useful to the greatest number of victims are hospitals, the prosecuting attorney's office, and the police.

The Indian Community Center of the Puyallup Tribe offers educational, legal, medical, and mental health services to Native Americans in the area. The center makes referrals to the shelter, but also hopes to develop more direct services to women within its own facility.

Several agencies in the area provide special services to the military population. One of those agencies was created in 1976 on the Fort Lewis Army Post after Army social workers studied a rash of wife-beating cases. The program is primarily action-oriented, assisting women to make changes through referral and advocacy and using the military chain of command to expose the batterer to counseling. The social workers can also arrange brief emergency housing for the women at a lodge on post. However, because of its location, the lodge cannot offer security, and referral to the shelter is considered preferable. Program personnel wish to study battering problems more intensively and have developed a questionnaire for the victim and the agency to which she is referred.

Foreign-born wives of military men face problems of isolation and injury, which are exacerbated by language and cultural barriers as well as their alien status. In this special population, Asian women are probably predominant in Pierce County. The Asian-American Alliance, established in 1971, offers them multilingual services in the areas of advocacy, referral, education, information, community development, and political process training. The Alliance estimates that 80 percent of their clients, 172 women in 1977, are battered. Alliance workers observe that mixed marriages between Asians and Americans appear to be most volatile. The majority of the women served are between the ages of 18 and 35, and over half had educational levels below the 12th grade. Most of the batterers had an income between $5,000 and $9,779 annually. The Alliance does not charge for its services and makes its presence known through outreach workers, workshops, task force activities, the media, and word of mouth. The community agents they have found most useful to their program include the shelter, the public assistance programs of

the welfare department, and church groups. The Alliance provides direct advocacy to women throughout their stay in the shelter by making available ethnic food boxes, language assistance, and transportation and legal aid.

The Asian-American Alliance, the Puget Sound Legal Assistance Corporation, and the Women's Support Shelter, in cooperation with U.S. Congressman Don Bonder, have proposed a private bill to keep one ex-battered Asian wife with an American child in the United States. In her case, an integral part of the battering was the destruction of all official papers and subsequent intentional maintenance of her illegal status as the means to keep her in the battering relationship and physically isolated from all other assistance.

Summary

Women's Support Shelter is an example of a battered women's program that houses a larger number of women and has secured the cooperation of many community agencies and resources. The orientation of the shelter is feminist, with activities and decision-making processes aimed at empowering women. The evolution of the program within a YWCA serves as a model for communities in the expansion of existing services.

Chapter 5

Site Family Crisis Shelter
P.O. Box 4255
Station A
Portland, Maine 04101
Phone (207) 755-0690

Location

Portland, the largest city in Maine, is located in Cumberland County and has a population of approximately 188,000. It is situated along the Atlantic Ocean 80 miles north of Boston. The racial composition of this community is approximately 98.5 percent white and the rest black. The community is 40 percent rural and 60 percent urban. It is estimated that approximately 45 percent of the population of the community earn between $5,500 and $10,000 per year, 20 percent earn between $10,000 and $23,750 per year, and 25 percent earn under the poverty level of $5,000 per year or less. Only 10 percent of the total population make over $23,750 per year.

Historical Perspective

The Family Crisis Shelter Project opened in January 1978, the direct descendant of a 2-year volunteer-organized community project operating from the University of Maine at Portland-Gorham. The major goal of the initial committee was to write and submit a grant application to the Law Enforcement Assistance Administration (LEAA) for Federal funding to be used to establish a shelter for battered women and their children in the Portland area. They hoped to develop a broad base of political support for the shelter among human service agencies and establish credibility as an agency to insure future State funding. Although the LEAA application was denied, funding of the Family Crisis Shelter as a 6-month demonstration project was accomplished with CETA and State mental health monies.

From the beginning, one of the primary objectives was to link the project with existing community resources, rather than create a totally new agency, even though the shelter facility itself would be new. For example, the Ingraham Volunteer Hotline, which has existed for approximately 8 years, now provides all screening and referrals to the shelter. Both the professional and lay communities rely on the hotline for emergency services and crisis intervention.

Based on the success of the demonstration project within the community, future funding is expected to be secured through local, State, and private sources.

Management

Administration/Board

The original three-person volunteer committee was expanded into a full board of directors in February 1977. The board is composed of a diverse group from the community, including individuals from the criminal justice system, the Community Counseling Center, the police department, the Department of Human Services, the Community Health Clinic, and the Community Psychiatry Unit of Maine Medical Center. The organizational structure is traditional in nature, with the board overseeing program development and the work of the Project Director.

Staff

The staff now includes six full-time people. One is a male counselor recently hired to provide services for battering spouses and to facilitate comprehensive understanding of family violence in the program. The majority hold college degrees, but consider themselves paraprofessionals. The remainder of the staff is the director, three direct service workers, and a child care worker. Because of the daily crisis atmosphere of the shelter, two direct service workers spend the majority of their time providing advocacy for clients. The shelter also employs a part-time accountant and a person from the Foster Grandparent Program.

House decisionmaking is flexible, with occupants and staff making decisions together. There are no detailed voting procedures. Energies in the house appear to be directed toward building collective cooperation which can make use of an individual's skills, regardless of her status within the program structure.

The responsibilities of the direct service workers include (a) understanding the problems of family violence and the available existing community resources to deal with them; (b) providing day-to-day coverage at the shelter; (c) providing crisis intervention services as they are needed; and (d) providing supportive services while the client is in residence. Other support services, such as legal referrals, assistance with housing, job training, financial aid, and child care, also are provided by the staff.

The child care worker is responsible for developing a program for the children in residence. At the time

of the site visit, the child care worker was involved in this task.

The male counselor was not part of the staff at the time of the site visit and therefore his functions are not known specifically. The foster grandparent (funded by the ACTION Foster Grandparent Program) had been a volunteer with the program for approximately 3 weeks and was having difficulty defining her role. She appeared to be most comfortable with food preparation and operation of the kitchen.

Volunteers

Approximately 20 volunteers are available to provide additional resources to the Family Crisis Shelter. One group of eight provides nighttime emergency coverage, which involves admission to the facility after 5 p.m. The members of this evening group are mostly professionals, such as emergency medical technicians, emergency room nurses, and social workers.

The other volunteer group includes citizens who had worked with the project in its earlier stage. Currently, they provide transportation for shelter residents, additional coverage for both the day and night staff, and help with child care. This group is also engaged in the development of political and financial support from the community.

Training is provided informally for staff. Volunteers are trained through the Ingraham Volunteer Hotline, and inservice training for both staff and volunteers is provided as the need arises.

Facility

Description

The Family Crisis Shelter is located on the second and third floors of an old apartment building in a residential section of Portland. The four rooms on the second floor consist of a kitchen, dining room, living room for the women, and an office area. The dining room is a child play area during the day. The third floor contains sleeping areas for the women and their children.

The facility, freshly painted and clean, had been occupied for 5 months prior to the site visit. The atmosphere is warm and homey. From the exterior, one is unaware that the building houses this facility. Some problem areas of the building include a steep staircase that could be difficult for a handicapped person, lack of a play area for children, and a general limitation of space.

Because of the demonstration nature of the project, local government officials were lenient with regard to licensing requirements. For example, the Portland building inspector demonstrated his agreement with the shelter concept by quickly approving the use of the facility.

Procedures

The total capacity of the facility is 14 people, so the shelter can house approximately five women and six to eight children at any time. A woman is allowed to remain for 3 weeks, although the time limit can be extended if she is having difficulty finding alternative housing.

A woman would be refused admission to the shelter if she were observably psychotic, might be a danger to herself or others, or has children with communicable diseases. Alcoholics and drug addicts first are sent to a detoxification unit and then admitted to the shelter. A house rule states that if a woman reveals the address of the shelter while in residence or is disruptive to the program, she will be asked to leave. While mothers are expected to bring their children to the shelter, the age limit for boys is 13 years; there is no age limit for girls.

The intake procedures are accomplished through the Ingraham Volunteer Hotline, a 24-hour, 7-day-a-week crisis and emergency intervention service. A trained volunteer makes the appropriate referral or provides intervention counseling or information. Through a contractual agreement, all incoming calls to the hotline from abused women are received by a volunteer, and an intake sheet is completed and forwarded to the shelter.

Battering men are not allowed on the premises, nor are the residents permitted to reveal the address or the phone number of the shelter. At the time of the site visit, a man wishing to contact a resident would call the hotline, which would then call the woman at the shelter. Because this appeared to place the man in a position of control, the residents and the staff decided that if a woman was interested, she would call the hotline for messages.

No fees were charged during the time that the program existed as a demonstration project; however, a sliding fee scale might be developed in the future. An amount of approximately $1,000 was set aside as a revolving loan account, from which residents could borrow money to secure housing or fulfill emergency needs.

Services

During the first 5 months of 1978, 33 women and children were housed at the shelter. It is interesting to note that for every woman the Ingraham Volunteer Hotline placed at the facility, at least two more were provided alternative assistance from the hotline, including crisis intervention, counseling, and referral for medical, legal, or financial aid.

Following the initial screening of clients by hotline personnel, the women and children are picked up at a

local hospital by a volunteer and transported to the shelter. Both the staff and residents of the Family Crisis Shelter welcome the newcomers. After the customary 2 or 3 days for the woman to become accustomed to the house, the staff begins to assess how they can best assist her. Emphasis is placed on tangible services, including financial help, child care, and job placement. Most of the energies of the staff are directed toward crisis intervention and coping with emergency situations; however, a therapeutic environment exists because the women are encouraged to exchange their personal perceptions of isolation and violent relationships.

With regard to child care, there is a structured morning program for preschool children, as well as liaison work with the public schools for older children. The local schools are cooperative in the enrollment of children from other communities, and women are encouraged to place their children in school as soon as they enter the shelter. If, however, kidnapping is a potential problem, children are allowed to remain at the shelter all day. Women who have been residents of the Family Crisis Shelter are encouraged to return if need arises, and approximately 60 percent have done so.

Residents and former residents, along with women who are still living in an abusive environment, meet once a week at the local YWCA as a support group. This group has become an additional source for potential clients of the shelter service. Ex-clients make up a volunteer group whose members are available for followup home visits. Their participation in public education with community agencies, civic organizations, church organizations, and local university and public school classes, has resulted in extending community support for the shelter.

Demographics-Client

During the short time that the Family Crisis Shelter has been open, the following statistics were compiled from 12 of the 16 cases. Five of the women were in the age range of 18 to 25 years, six were between 26 and 35, and one was within the 36-45 age group. One resident had a college degree, another had some college, four had completed high school, and six had less than 12th grade educations. Nine of the residents reported an income level of under $5,000, while three of the residents estimated their annual income between $5,000 and $10,000. Nine of the residents were white, two were Native American, and one was Vietnamese.

It is estimated that 10 of the cases involved alcoholism in the violence, and 10 included children who had been battered or abused. Five women reported forced sex in which they were unwilling participants.Two women were not interviewed in depth because they returned to the battering situation within the first 24 hours at the shelter, and an additional two have also returned to the battering relationship. Six residents were reported as having "definitely" left the battering relationships, while four were labeled as "probably."

Funding

As with similar programs for battered women across the nation, the Family Crisis Shelter has struggled to gain the legitimacy required by funding sources. For the 1978-1979 budget, approximately $94,000 was secured from a variety of sources, among which are CETA, Greater Portland United Way, Cumberland County, and the Maine State Department of Mental Health, and private foundations, civic clubs and individual donations. A position for an attorney was submitted and budgeted by the United Way Agency of Portland, requiring that 60 percent of the lawyer's time be devoted to shelter residents.

Evaluation

One of the unique features of the Family Crisis Shelter is the research component in conjunction with the National Institute of Mental Health funded Domestic Violence Training Program at the University of New Hampshire. At the inception of the program a doctoral student developed an indepth interview which is partially self-administered. Each incoming resident is asked to participate, and almost all have cooperated. The primary focus of the research is to trace the history of violence through analysis of family structure and feedback processes following each incident that may have led to stabilizing or changing the pattern of violence. The client's history from the first violent incident to the precipitating incident is taken during the first few days of residency. A followup interview then is conducted 4 to 6 months later which assesses not only the present living situation of the women, but also attempts an evaluation of the program and the family.

Evaluation of project goals and objectives included submission of a report to the Area V Mental Health Board at the end of the first 4 months of operation and again after 8 months. In addition, a committee of three from the shelter board of directors was selected to design a form for monitoring project activities. The form is to be completed by the 10th day of each month of the project's operation. Copies are then mailed to the Area V Board, as well

as members of the Family Crisis Shelter board of directors for evaluation.

Community Interaction

From the beginning, a prime objective of the shelter has been to link with existing services in the community. In the 2-year span which led to the opening of the shelter, an extensive network of community support was developed which included both the professional and lay community. All areas of community support were desired, and efforts were made to enlist the aid of people with political power. For example, the Chief of Police and two police officers have had longstanding and supportive ties with the shelter, including serving on the board of directors.

In the short time that the shelter has been in existence, the community has provided solid support. The board of directors itself reflects the wide range of agencies and professions which have been involved in the effort to create and run the facility. The service appears to be well grounded within the community and is considered by the general public and the human service network to be an established fact. A diverse group of people currently are involved in its continuing development.

As a direct result of the organizing strategy, the community responsibility for acting upon the problem of family violence has created staff positions in existing agencies that benefit shelter clients. In addition, the general public was most receptive to public education and to appeals for donations when the shelter finally opened. The police department on the whole lent its support and has channeled battered women to the shelter from their initial point of intervention.

Police

One of the unique aspects of the Family Crisis Shelter has been its relationship with the police department. Historically, the Portland police have provided assistance in domestic violence situations. Although police officers traditionally shy away from entering into a domestic dispute, the police department in Portland appears not only willing to use the Family Crisis Shelter as a resource for battered women, but they also go out of their way to assist shelter clients.

A code system has been designed for use when a call is made to the police which makes use of a fictitious name so that the client's name does not go over the dispatch radio and every Citizens' Band radio in town. Security has been established to such a degree that police assistance can be available to the shelter in approximately one and one-half minutes. The police also have made it well known that the first man who decides to make an uninvited visit to the shelter will face possible arrest. The police department also will assist in prosecution. Police assist with transportation to the hospital which is used as a pick-up point for entry to the shelter.

There is a program of continual upgrading of officers' intervention skills. This is accomplished through inservice programs on crisis intervention. Unfortunately, these programs are limited and sporadic in nature due to budgetary constraints.

The police know that battered women tend to change their minds and fail to follow through with criminal prosecution, and they appear to be sensitive to the rationale for this change. They expressed a need for significant revision of the criminal justice and judicial systems in order to secure the prosecution of the battering man. Further, these officers felt that a restraining order is merely a piece of paper whose intent is very difficult to enforce. The police seemed very receptive to the idea of placing a condition on the bail of a batterer pending a criminal trial which would allow the bond to be revoked upon continued harassment of the battered woman.

The police department also has an ongoing relationship with the Rape Crisis Center and is well aware of the emotional and psychological trauma of female victims throughout the criminal justice system. They, too, rely heavily on the Ingraham Volunteer Hotline, which is available to them at night and on weekends, when all other helping agencies are closed. They stated that most crises do not occur during the normal weekday schedule and that the most pressing needs of battered women cannot wait until morning.

Legal/Judicial

The legal community of Portland exemplifies the comprehensive community support which surrounds the shelter. Initially, a pool of approximately 20 local attorneys were available to provide free work for the residents of the shelter on a basis of one to two cases per year, although it is believed that soon this resource will be exhausted. There was also a commitment from the University of Maine Law School in Portland to represent the shelter in the event of a lawsuit against the agency. In addition, the president of the board of directors is a female attorney who is in private practice.

Approximately 70 percent of the women at the Family Crisis Shelter need legal assistance, and 50 percent have pursued legal action. Given the limited time period that the women may stay in the shelter, however, immediate attention to their legal needs is essential. Because it was felt that legal services available to them were still not adequate, the United Way of Portland funded an attorney position through the Pine Tree Legal Assistance Program,

long a leader throughout the State in addressing the problems of domestic violence. A large portion of the agency's work is in the domestic relations area, and the legal aid attorneys have accepted an increasing number of emergency domestic relations cases. It is anticipated that immediate legal assistance from this attorney, as well as a paralegal, will be available to all shelter residents at no cost to either the facility or them.

Several Pine Tree staff members were involved in drafting a book-length client education manual which discusses domestic violence issues. Furthermore, Pine Tree's legislative unit has devoted a substantial portion of time to working with the Maine Coalition for Family Crisis Services, drafting and lobbying for legislation to provide funding for services for victims of family violence.

Those interviewed through the Pine Tree Legal Assistance Program stated that the unmet needs of battered women included additional assistance through the criminal justice system from the police, district attorney's office, and court personnel; more shelters; and greater public awareness. It is interesting to note that Pine Tree Legal Assistance was the only agency interviewed in the Portland area which reported that the police were not responding appropriately to the needs of battered women. Both the police department and the legal assistance people agreed that the district attorney's office and the criminal justice system could benefit from an awareness of the needs of battered women so that prosecution would reach a fair conclusion.

It was estimated by Pine Tree Legal Assistance that approximately 80 percent of the battered women who sought legal assistance from the agency were under age 35, while the remaining 20 percent fell between the ages of 36 and 65. Furthermore, 90 percent of the women were either high school graduates or did not complete their high school training. It is important to note that to be eligible for legal assistance from Pine Tree, clients must be under poverty guidelines as established by the Office of Economic Opportunity.

The attorney who is the president of the shelter board of directors estimates that the legal problems of battered women account for 40 percent of her total practice. Between January 1 and December 31, 1977, approximately 40 battered women received legal assistance from her. She stated that their major unmet need was job counseling, training, and placement. The breakdown of the cases handled by her office revealed that approximately 35 of the 40 cases also involved battered or abused children. It was estimated that 35 of the women left the relationship permanently by obtaining a divorce. Additional statistics revealed that approximately 33 of the women were under 35, while the remaining 7 were between 36 and 55. Thirty-eight of the women had either a 12th grade education or had not completed high school. All of the women had annual incomes under $10,000 per year, and 35 were homemakers with no independent source of income.

Medical/Hospitals

The Family Crisis Shelter uses hospital emergency rooms of the three major hospitals as a pick-up point for clients. The major advantages to this procedure are that if a woman and her children are seriously injured, they can be treated, and their injuries can be documented for future evidence and prosecution. The social service departments and emergency room personnel of two of the hospitals are reported as most cooperative.

Social Services

In general, personnel at the Portland Division of Social Services have provided continued support since the program's beginning.

Welfare

Women from various areas of the State have come to Portland seeking refuge since the Family Crisis Shelter opened, some of whom choose to remain in the community. Often unable to meet their financial needs, these women seek aid from the Division of Social Services. By working cooperatively with the city welfare office on behalf of battered women, shelter staff have managed to engage the support of the welfare office and, consequently, to ease these relocation problems. It also has been made clear to the welfare office that when shelter clients want to return to their home town with some new support services set in motion, the shelter will attempt to bring this about.

Child Welfare

The Protective Services Unit of the State Department of Human Services (DHS) works with abused and neglected children. Frequently, it becomes apparent that battered children are from violent families in which mothers are subjected to similar forms of physical and emotional abuse. The women who turn to the Department of Human Services for assistance frequently request protection for themselves and their children in seeking refuge. They also require assistance in finding a new home and financial assistance. DHS is able to provide Aid to Families with Dependent Children (AFDC) and food stamps, but little emergency help in the way of housing. They have found that the Family Crisis Shelter has been a most helpful source of services for battered women that are not available elsewhere within the community.

DHS policy is that if the abuse to children was from the batterer or male person in the household,

the children would be allowed to go to a shelter facility with their mothers. Abuse of children is strictly forbidden, and corporal punishment for purposes of discipline is not permitted at the shelter. If the house rules are disobeyed, the woman is asked to leave and the mother is informed that a child abuse report is about to be filed. During the site visit, one of the residents was not fully cooperating with this rule of nonviolence, and the other women in the house were very outspoken with the staff and each other about the woman's treatment of her children.

Given the newness of the Family Crisis Shelter, it is difficult to assess what the eventual relationship will be between it and the Department of Human Services. It appears, though, that there is a need for a specialized person within the Protective Services Unit to work with the needs of the children housed at the shelter facility. The staff of the DHS has large caseloads and there is difficulty placing children in foster homes. The shelter therefore serves as an additional, much needed resource.

Mental Health

The mental health community has been supportive, including financially, of the need for continued existence of the Family Crisis Shelter. Individual psychologists, psychiatrists, and social workers have been quite helpful in meeting the needs of the women at the shelter on an individual basis, as has the Therapeutic Nursery Unit of the Mental Health Center and the Community Counseling Center.

The Community Counseling Center, a local mental health center, provides the shelter with a counselor who is responsible for implementing a weekly help, lay therapy support group. The group, as mentioned previously, includes residents and ex-residents, as well as women who are still in battering relationships. If a woman who calls the Ingraham Volunteer Hotline is not ready to move to the shelter, she may be referred to the support group. This group experience can offer the client an alternative which may aid her in decisionmaking.

There are two male psychologists on the board of directors of the shelter who provide the staff with free consultation and assist in the referral process. It is interesting to note that to some extent the private practitioners appear to be more helpful than the mental health centers.

Women's Groups

The women's groups which were instrumental in implementing the Family Crisis Shelter Program tend to be the traditionally oriented Ladies of the Rotary, church societies, YWCA, members of the National Organization for Women, the Maine Political Caucus, and Business and Professional Women's clubs. Their members have provided assistance to the Family Crisis Shelter through fundraising, contributions of goods and services, and volunteering time to the program. The YWCA has been able to provide shelter to some battered women and also has been active in community educational efforts with regard to domestic violence.

Churches/Religious

Church support for the shelter effort has been extensive. Approximately $500 was received as a donation for the demonstration project. A nun in traditional habit works one day a week as a volunteer at the shelter. Although it was feared that the women might object to the presence of a nun, there has been no expressed displeasure and the sister has obviously provided support and comfort.

The development of a cooperative relationship between the shelter and a convent some 20 miles away is another example of community church support. The convent, which provides housing for older women, has been made available as an alternative shelter on two occasions. In both instances the battered women were in need of total security. Two large cheerfully decorated rooms which overlook the ocean have been set aside for shelter purposes, and removal of a battered woman to this peaceful, secure setting appears to be both physically and emotionally beneficial. While convent business precludes the use of this alternate shelter on some occasions, convent and Family Crisis Shelter personnel expressed a mutual desire to use this system on a more regular basis in the future.

There are a large number of convents throughout the State, and it is the hope of those at the Family Crisis Shelter and the Coalition for Family Crisis Services to develop a network which would provide housing to battered women and their children.

Press

Local press has been actively involved in making the existence of the Family Crisis Shelter known to the Portland community. Numerous articles were written about the shelter and its financial difficulties. The press also was assiduous in covering the defeat of the Battered Wives Bill, which would have provided funding for shelters throughout Maine.

Summary

At completion of the 6-month demonstration period, the Family Crisis Shelter appears to be a viable service within the Portland community. Future plans include county expansion of the program and enlargement of the facility to enable housing for an additional 15 to 18 people.

Family Crisis Shelter is a model for a small city program that relies upon the support of the whole community. The success of the program is largely the result of 2 years of planning, which included input from existing community resources.

Site Project CEASE (Community Effort for Abused Spouses)
8119 Holland Road
Alexandria, Virginia 22306
Phone (703) 360-6910

Location

Fairfax County, located adjacent to Washington, D.C., is the largest county in Virginia, with a total population of 600,000. It is an urban county situated in the northeastern portion of the State. The racial composition is 91.6 percent white, 5.4 percent black, and 3 percent other. Fairfax County is a highly affluent county with the majority (49.7 percent) having an upper middle income of $23,750 to $50,000 per annum. The catchment area of CEASE has a somewhat lower income level.

Historical Perspective

CEASE is a pilot demonstration project using an interagency approach to the problem of spouse abuse. The purpose of the program is to provide services to battered women by developing new services and collaborating with existing services currently available within the community.

The project was a joint effort of the Northern Virginia Chapter of the National Organization for Women (NOW) and two coleaders of a counseling group for abused women in southeastern Fairfax County—one counselor the Social Worker Supervisor of the Route #1 Office of the Department of Social Service (DSS) and the other, a therapist on the emergency service of the Mount Vernon Center for Community Mental Health (MVCCMH).

The project is limited geographically and funded for 2 years. The objectives are to develop, implement, and evaluate a model for immediate and continuing service delivery to physically and psychologically abused spouses. The Northern Virginia Chapter of NOW originally was interested in a countywide shelter funded by the Law Enforcement Assistance Administration (LEAA), but funding was insufficient for this countywide effort.

Fairfax County police data indicated that the southeastern portion of the county accounted for one-third of the domestic violence calls, but lack of useful nonarrest alternatives was a major problem. As a result, the alternative project was proposed and accepted. It involves the MVCCMH, which is capable of providing 24-hour emergency service and is close to the Mount Vernon Hospital emergency room. These factors, coupled with the DSS history of providing comprehensive social services for children and adults, would enable a coordinated effort in meeting the needs of victims of domestic abuse.

The project goals are as follows:

(1) To develop an effective, replicable multiagency service model for diverting couples who are engaged in interpersonal abuse and violence from the criminal justice system to the human resources system.
(2) To end, reduce, or contain physical violence and the threat between CEASE clients and their spouses.
(3) To create a climate of professional and public opinion that is aware of and sensitive to the problems of domestic assault and battering.
(4) To determine the need for change in legislation and government policy toward families who are involved in domestic violence.

It was decided that the demonstration project would be implemented in the area served by the Route #1 office of DSS where the reported incidence of spouse abuse is the highest in the county. The first year was to be devoted to the development, design, implementation, and preliminary evaluation of the service delivery model within the project area. The second year will continue the delivery of direct services within the area and commence planning to broaden the geographic base of services. Development and dissemination of informational and educational material to the general public and development of police training materials also is planned for the second year.

Management

Board

CEASE is served by an advisory committee mandated in the original grant proposal to insure that the program would have a broad base of community support and be responsive to the expressed needs of battered women. The committee, which is appointed by the MVCCMH board, consists of three members who represent county government agencies—the police department, violations bureau, and DSS; three who represent organizations concerned with women's rights and delivery of social services to clients in need—Women's Legal Defense Fund, NOW, and United Community Ministries; and three

who are consumer/citizen members. It meets regularly to review the program and its progress and advise the directors, the staff, MVCCMH board, and DSS.

STAFF

The CEASE Program involves the professional and paraprofessional staff from the two sponsoring agencies—MVCCMH and DSS. The full-time director of CEASE, housed within MVCCMH, also functions as a counselor. A half-time social worker, housed at DSS, will become full-time during the second year of the project. The third member of the staff is an administrative assistant/clerk employed on a half-time basis. Service includes 24-hour, 7-day-a-week coverage for emergencies and walk-ins.

The project director is responsible for project management and administrative duties relating to the functioning of the project. She oversees work performed by consultants, maintains appropriate fiscal control and records, and is responsible for emergency intervention for clients through the Emergency Services Unit of MVCCMH. She also recruits, screens, and trains volunteers in collaboration with the volunteer services director of MVCCMH and provides consultation, education, and training activities to professionals in law enforcement, human resource agencies, and community groups.

The social worker develops and manages a comprehensive cross-referral network of services for CEASE clients. In addition, she provides direct services to CEASE clients and their families, which include determining preliminary financial eligibility, making home visits, and providing referrals to adult and child protective services.

VOLUNTEERS

Trained volunteers function as advocates, companions, case aides, and role models, with tasks including aid to clients looking for housing and jobs and accompaniment of clients through the criminal justice system.

Training of the staff and volunteers includes orientation, presentations on the topic of spouse abuse, and education toward implementing the social service system. Volunteers are trained in methods of advocacy and counseling skills, such as empathetic listening and response and role-play. Inservice training is accomplished through ongoing staff supervision and bimonthly peer group supervision for volunteers. Decisions are made by a staff hierarchy of responsibility through lines of authority.

Facility

DESCRIPTION

Because the CEASE Program is based on collaboration of existing services, the facility is nonexistent. The personnel are housed at the two participating agencies.

PROCEDURES/SERVICES

Direct services provided by CEASE are emergency assistance, crisis intervention, social services, and counseling for individuals, couples, and groups. Clients are referred by the police, hospital emergency room personnel, legal aid, welfare, social services, mental health centers, and private physicians, lawyers, and clergy. Clients are not considered mental health patients or social service clients and are not subject to the intake procedures of the MVCCMH or the DSS.

Treatment may involve counseling for both the abused spouse and the abuser. The treatment plans are arrived at jointly by the client and staff workers, and the client's own wishes regarding separation, divorce, or working on the existing relationship are respected. Future plans call for establishing a support group for batterers.

CEASE does provide for emergency housing when necessary through referral. Fairfax County Women's Shelter, which opened in October 1977 under the auspices of the Fairfax County Commission for Women in the northern portion of the county, is the first choice for referral by CEASE. If, however, the shelter is full or unacceptable to a client because of the distance from her job or children's schools, she is housed at a general emergency shelter operated by a local community group. Motels have been used for stays of no longer than one or two nights. Daycare is available through the Fairfax County Shelter.

Funding

Funding sources for the 2-year CEASE demonstration project are county and State LEAA matching funds. Funding is a major problem for CEASE because the present services cover only one-fifth of the county population, and no comparable services exist for the rest of it.

A sliding fee schedule of $0 to $26 provides money to assist clients with immediate financial needs, such as transportation, child care, and assistance in relocation. The director states that the program is willing to accept third-party payment under health insurance policies.

Demographics-Client

Fifty to 60 percent of the women seeking help were in the 36- to 45-year age range. Forty percent had some college education, while 60 percent of the abusers had completed college. Sixty percent of the women reported income under $10,000 per year,

while 50 percent of the abusers had reported incomes exceeding $20,000.

At the time of the site visit, 10 women had been served through the CEASE Program. Three had returned to the battering relationship, five had permanently terminated the relationship, and two had reportedly achieved a satisfactory resolution within it.

Evaluation

The research/demonstration nature of the CEASE program requires data collection, so all three staff persons are involved in taking social histories, administering data collection instruments, and maintaining fiscal records. CEASE will employ a third party to evaluate general program effectiveness. Data elements collected and maintained in case files for clinical and evaluation purposes include basic sociodemographic information, social history, baseline data on marital interaction, past history of contacts with criminal justice agencies, treatment plan, progress notes, contractual agreements between spouses, referral, and referral followup forms.

Housing

The housing market is the most serious concern of the program. Because Fairfax County is a highly affluent area, CEASE clients are unable to afford existing rents. Many are poor to begin with or become poor upon separation. There are waiting lists for public housing, and monies for such purposes presently are depleted. In addition, many landlords are biased against renting to ADC mothers, requiring cosignatures on leases from women of moderate means and separate bedrooms for children of opposite sexes as a matter of policy. CEASE also is constrained from opening a shelter or transitional living house to accommodate more than nine persons because of county policy for group homes. Advocacy efforts are planned to establish more transitional housing, but neighborhood resistance is expected.

Community Interaction

Police

The Fairfax County Police Department was instrumental in providing data on domestic violence which led to implementing direct services to battered women. The data were collected through a special tabulation of domestic disturbance calls during the 18-month period from January 1973 through June 1974 by patrol area. Prior to implementation of the CEASE Program, alternatives for these victims were limited. Services requested of the police by domestic violence victims are shelter, medical treatment, and warrants for arrest. During the site visit, the police observed that the assaults range from minor to major, and there appears to be a correlation in the frequency of calls and the severity of battering.

The police officer responding to the questionnaire listed DSS, MVCCMH, the Fairfax Women's Shelter, and the Rape Crisis Center as most helpful in responding to referrals. Police officers presently are being educated to the problem of wife abuse, and information on the CEASE Program and the process of referral are provided at police rollcall.

Legal

An attorney in legal aid reported that 5 percent to 8 percent of the total clients served are battered women. Services requested are immediate legal help, such as securing of restraining orders, and legal advice regarding child support and custody questions. He reported an ongoing coordinating effort with both CEASE and DSS regarding battered women. Concern for those battered women who are too wealthy for legal aid was expressed by the attorney interviewed. The director of the shelter also spoke of the need for competent and inexpensive legal assistance for all clients served at the shelter facility.

When a woman seeks a warrant for arrest, it is filed through the office of the magistrate, which is housed at the police station. The magistrate interviewed estimated that approximately 15 percent of total clients are battered women. Services requested of him by these women were orders for removal of spouse from the home, legal advice concerning rights, and warrants for arrest. The magistrate expressed a feeling of tension between him and the Fairfax Women's Shelter, reportedly a result of a conflict of traditional versus feminist values. Referral is usually to shelters, primarily with the United Community Ministries because of a long term relationship with this agency.

Medical

Nursing personnel at Mount Vernon County Hospital estimated that they had served 12 to 20 battered women during the past year. Services sought were immediate medical treatment and requests for counseling and referral. Most of the women treated wanted to return home and expressed concern for the safety of the children left behind. In the past, physicians and nursing staff reportedly used a traditional approach to a woman who appeared to have been the victim of domestic violence: that is, they asked no questions and only treated the immediate medical injuries. Now the emergency room staff is more aware of the problem of battered women and has convenient access for referral to CEASE, which is housed adjacent to this hospital.

Social Services

Fairfax County DSS is the cosponsoring agency for CEASE.

Welfare

The welfare department office also is part of DSS. Battered women who can demonstrate financial eligibility receive direct services from DSS, such as transportation, emergency housing, food stamps, medical assistance, personal counseling, and job counseling. With the CEASE staff person housed in the department, immediate aid for meeting the basic needs of clients and educating them in the social service process is facilitated.

Mental Health Services

CEASE is a specialized service within the mental health system. At the time of the site visit, the director of MVCCMH stated that battering was a hidden and unrecognized phenomenon prior to the CEASE Program. The director felt CEASE was effective in a single catchment area, but that extension of such a program to a multicatchment area will present managerial and operational difficulties.

Emergency Shelter

Fairfax County Women's Shelter serves only battered women and their children, and is used by CEASE as the need arises. This shelter became operational as a direct result of a report issued by the Fairfax County Commission for Women in April 1977. Federal funds, county money, and CETA positions were appropriated months after the report was issued. A religious group offered the use of their property rent-free for 6 months to a year. Moreover, the community has provided good volunteer support from local women and professionals. There is a 2-week maximum stay for women and children, with an average stay of 12 days. Women may return when the need arises, but none have done so thus far. The batterer is not allowed on the premises.

Crisis intervention is emphasized because of the short duration of stay at the shelter. Former residents are encouraged to return for support groups. Long term counseling usually is provided by community health centers or private therapists.

Women's Groups

The Northern Virginia Chapter of NOW was a major force in implementation of the CEASE Program, and members report that they receive up to 10 calls per week from women seeking aid because of domestic violence and from psychiatrists seeking referral for patients. Direct services for battered women performed by NOW members include referral, volunteer counseling, advocacy, and implementation of general public information programs via the mass media.

While these NOW members reported excellent cooperation among police, social services, and mental health services in Fairfax County, they commented that physicians still provide the usual treatment without questions. They also felt legal aid, for the most part, is not helpful, primarily because it excludes women whose husbands have a higher income level than that required for legal aid eligibility. Further, the NOW members observed that many battered women are not being served, that third stage or transitional living arrangements are unavailable, and that battered women have problems obtaining financial support from their batterers.

The Fairfax County Commission for Women provides additional services to battered women. This commission has a battered women's task force which is instrumental in initiating legislative changes that relate to domestic violence issues and funding for services.

Church Groups

An alternative shelter used by CEASE is operated by the United Community Ministries, Inc. (UCM). This housing service, used as a general emergency shelter, is funded through donations, United Way, and fundraising efforts. When CEASE clients use the UCM facility, fees are paid by DSS for those who are eligible. CEASE also absorbs some of the costs for clients in the shelter.

The director of UCM, a member of the advisory committee of CEASE, expressed the need for legal aid to battered women and financial help sufficient for reestablishment of a woman and her children. UCM also provides interest-free loans to clients to help them meet emergency needs. A housing counselor with UCM functions as a volunteer counselor with CEASE.

Service Professionals

Lawyers

A woman attorney whose practice is 50 percent family law stated that her services are requested by abused women to meet emergency needs. Twenty to 30 percent of these women file for separate maintenance because of the obvious need for financial support. She spoke further of the emotional expectations of clients for her "to get the husband to go for counseling." This attorney makes referrals to CEASE and serves on its advisory committee.

Summary

It is the conviction of those involved in the CEASE Program that categorical programs, although well funded in early years, tend to suffer over time from decreasing public interest and government funding. Integrating services for battered women into the existing system is definitely one of the program goals. It is believed that sensitizing and training personnel in all human service programs, including the criminal justice system, will be to the long term advantage of the victims of domestic violence and their families

Chapter 7

Site WOMA - Women's Alliance
1509 East Clara Avenue
San Jose, California 95116
Phone (508) 251-5522

Location

San Jose is a young, sprawling city located about 50 miles south of San Francisco on the southern tip of the San Francisco Bay. A large city, San Jose's population is half of the 1,200,000 residents of Santa Clara County. The racial composition is 62 percent white, 24 percent Chicano, 5 percent black, 7 percent Native American, and 2 percent Asian.

Historical Perspective

The founders of Women's Alliance (WOMA) were a multicultural group of women dedicated to feminist principles. WOMA was conceived originally as an alternative service for low income and minority women whose needs were not being met by the predominantly white, middle class women's movement in 1973. It was planned as a resource center offering information and referral services, counseling, a speakers bureau, a food/clothing bank, and transportation. WOMA staff members also were engaged in a variety of political activities concerned with women's issues.

The problems of battered women came to the attention of WOMA several years ago. Many women who received the services mentioned were also being battered and did not know what to do or where to go. As a result, the battered women's program was started in June 1977. Initially, it consisted of emergency housing for battered women and their children in the homes of volunteers. Concurrently, efforts were made to raise funds for a shelter, which opened in December 1977.

The original shelter house, rented to WOMA by the city for a nominal fee was a property originally acquired to be demolished for road construction. The residents of the neighborhood in which the house was located were disgruntled that a shelter for battered women existed in the area for fear that violent men would be seeking their mates. The neighborhood was successful in a court action against WOMA, and the shelter was forced to move because of a zoning technicality.

Fortunately, within weeks, WOMA received a donation from two women in the community for a downpayment for a house. In May 1978, the WOMA shelter was moved to a new facility, named Casa WOMA.

Management

Administration/Board

WOMA operates through a staff hierarchy of responsibility and lines of authority. The program is governed by a council which functions both as a corporate and a decisionmaking board. An advisory board is being developed with the stipulation that members be representative of the clients served by WOMA. The present director of Casa WOMA served as the initial chairperson.

Hierarchy among the residents and staff is discouraged. All are involved in decisionmaking by majority vote, although the staff has final authority regarding community decisions. Staff authority is used only when necessary to maintain the smooth functioning of the house.

The bylaws of WOMA also are written to insure racial and class integration at the governing and policymaking level. The council is to be composed of five minority members, five low income members who are certified by the membership committee, and five at-large members.

According to the executive director of WOMA, such concerted efforts to insure integration have maintained WOMA's credibility within the minority community and placed WOMA at an advantage in the competition for funds.

Staff/Volunteers

WOMA has made an effort to racially integrate the staff, which currently includes six Anglos, nine Chicanos, two blacks, and one Asian. Approximately a third of this staff are battered women, and none is a degreed professional. Class awareness is also an important consideration at WOMA, and an effort is made to create a staff which is ethnically and socioeconomically representative of clients.

Services provided by WOMA which require degreed personnel, such as legal services and some psychological and counseling services, are provided by volunteers. CETA funds pay for staff.

Facility

Description

Casa WOMA is housed in a two-story home, located in a quiet neighborhood. The staff shares one large room which is furnished with desks, bookshelves, an old comfortable couch, and several plants. The residents use the rest of the house, which includes four bedrooms, three bathrooms, a living room, dining room, kitchen, a full basement, and a large dormitory style bedroom on the third floor. This home is capable of housing a maximum of 25 women and children. A two-car garage currently is being transformed into a children's area. In addition, the backyard has a swimming pool which is large enough for older children.

Zoning was not a problem for this facility because in California a license is not required to operate a facility which provides room and board. The two women who donated the downpayment brought the facility in line with building, fire, and health codes, sparing considerable expense for WOMA.

Security precautions include a special arrangement with the police department, which is aware of the services the program provides to battered women. In an emergency, the police respond promptly. Thus far, police services have not been required often; however, when their assistance is needed, they are most helpful. The location of WOMA is secret, and no security problems have been encountered to date. Staff are available 24 hours per day.

Procedures

Casa WOMA provides up to 30 days of room and board plus supportive services. Since women in need of shelter generally experience a great deal of ambivalence and are unable to commit themselves to a 30-day program, a 2-week time commitment has been proposed. Although a battered woman is always able to receive services at WOMA, residency at the shelter is restricted to no more than twice during a 12-month period.

The majority of clients are Santa Clara County residents, although residency is not required. Although all battered women are eligible for services, priority is given to women who have children, have been battered recently or are in immediate danger, have few financial and emotional resources, and do not speak English. Women exhibiting severe emotional, alcohol, or drug problems are referred to other agencies, although they may be admitted to the shelter when these problems are controlled.

Women who are working or in school must be willing to take a leave of absence to participate in the shelter program. If the battered woman is not in a position to do so, she will be placed in a private crisis home rather than Casa WOMA. Neither WOMA nor Casa WOMA requires a fee for services.

It is usual procedure for a WOMA counselor to screen all potential residents of Casa WOMA. WOMA does not, however, have 24-hour service, and a battered woman requiring placement after hours will be referred for private crisis housing by the hotline. The following day an intake counselor from WOMA will see the woman. Her initial screening consists of developing a client profile containing demographics; a brief description of the abuse, the abuser, and the victim; personal history of the victim; and previous calls for assistance. Data also are collected concerning alcohol and drug usage in order to comply with requirements of a California Division of Substance Abuse grant (refer to the funding section). The questionnaire is entirely anonymous and is used only for research purposes.

If the intake worker and client determine that the client's needs can best be met through housing and supportive services in a shelter environment, the prospective resident is referred to Casa WOMA. Upon her arrival at the shelter, the resident is involved in an intake procedure, which includes providing additional demographic data, an indepth description of batterings, and a needs assessment. Residents of Casa WOMA are required to submit a weekly evaluation of their progress, which addresses long term goals, previous week's efforts at meeting those goals, plans for the upcoming weeks, and areas in which the resident may require assistance from a counselor. The resident also is asked to give feedback for the program. In addition, the staff maintains a log of client contracts with Casa WOMA, recording the progress of the client's goals.

Residents are encouraged to establish trusting, friendly relationships with other residents and the staff. This process of building a support network within the house is facilitated by supportive counseling, which includes learning techniques for effective communication for self-expressions and the development of interpersonal trust.

In regular meetings, residents and staff can discuss their needs and desires for support. The women are encouraged to express their feelings openly with the entire family/community in order to avoid gossiping and judgmental cliques that are detrimental to the effective functioning of a supportive group. As part of the weekly rap group, "withhold sessions," which provide an opportunity to clear the air, acknowledge unresolved issues, and voice uncommunicated thoughts and feelings through a structured procedure, are held.

Posted house rules include wake-up, meals, and child/adult bedtime. The use of alcohol or drugs is not permitted and is considered grounds for dismissal

from the program. Participation in household chores, food preparation, and a daily house meeting is required of all residents. Discipline of children is expected to be nonviolent, and acts or threats of violence are strictly forbidden.

SERVICES

As a program component of WOMA, all services of WOMA are available to all residents of Casa WOMA. All of these following services are bilingual.

(1) A 24-hour crisis intervention hotline;
(2) A free weekly legal advice clinic;
(3) A referral network of attorneys who are willing to take WOMA clients on a free or sliding fee basis;
(4) An evening rap group for battered women run by ex-battered women;
(5) Followup assistance services in education, housing, and employment for battered women and their children;
(6) A network of private homes providing temporary emergency shelter for battered women and their children;
(7) A shelter facility and residential program for battered women and their children;
(8) A speakers bureau available to both provider agencies and the community-at-large;
(9) A domestic violence and crisis intervention program;
(10) Agency training workshops on legal concerns;
(11) Advocacy on a variety of women's issues and concerns;
(12) Welfare referral;
(13) Employment counseling;
(14) Job placement;
(15) Emotional counseling;
(16) Cocounseling of the battered at WOMA;
(17) Advocacy for legislative reform;
(18) Assertiveness training;
(19) Cultural/civic activities;
(20) Recreational activities;
(21) Personal grooming;
(22) Dance therapy;
(23) Yoga;
(24) Medical aid (by referral);
(25) Financial assistance;
(26) Parent effectiveness training;
(27) Food;
(28) Clothing;
(29) Help with finding new housing.

CHILDREN

During the period from August 1, 1977, to January 31, 1978, 15 children were housed at Casa WOMA. There was no age limit restriction for children, all of whom are eligible for shelter. Facilities provided by WOMA include a playground, daycare and supervised recreational activities, tutoring, and counseling. Counseling includes rap sessions and skill building. The children's medical needs are referred to the Santa Clara Valley Medical Center, Emergency Department.

Casa WOMA reported that some schoolage children are not attending school regularly because they are on a temporary leave of absence, and placement in nearby daycare centers is difficult because of overcrowding. Casa WOMA employs a children's advocate to aid in placing children in school and other appropriate services.

Demographics-Client

WOMA provided services to 867 women (519 battered and 348 nonbattered) and 15 men from August 1, 1977, to January 31, 1978. During that period, 40 battered women were housed in volunteer homes, and 60 were referred to other shelters throughout the State. Between December 27, 1977, and January 31, 1978, six battered women were housed at the shelter. WOMA receives 15 percent of its referrals from Santa Clara County Social Services, 14 percent are self referrals, and the rest come from a variety of professionals in private practice and community organizations.

Over half of the battered women served are between 18 and 35 years old, have a 12th grade education or less, and earn less than $10,000. The majority of their husbands earned between $10,000 and $19,999. Approximately 52.5 percent of the battered women were white, while the remaining 47.5 percent were minorities (7 percent black, 37 percent Chicano, 3 percent Asian, less than 1 percent Native American).

Well over half of the cases involved child abuse in addition to woman battering, although data as to which parent battered the child were not available. Approximately a third of the batterings included rape, and less than 20 percent involved alcoholism. Approximately 35 percent of the battered women left the relationship permanently, and the others returned to the batterer.

Funding

Funding for WOMA and Casa WOMA is a perpetual struggle. Funds are actively sought from all social sectors, private and public. WOMA and Casa WOMA presently are using city, State, and Federal funds. The city provides an in-kind lease of a house for the shelter. State funds of $27,500 are provided by the Division of Substance Abuse, with a require-

ment only that clients fill out a questionnaire. Federal funds are from CETA.

Donations, solicited through fundraising, include an estimated $15,000 of major appliances and furniture. Crisis counselors who staff the hotline, attorneys at the legal clinic, and providers of temporary shelter donate their services. Private funds are received from the Packard Foundation, Hewlett Packard Foundation, Vanguard Foundation, H.B. Fuller, Van Loben Sels, and private investors.

Evaluation

The WOMA staff evaluator compiles a monthly evaluation report for inhouse purposes. The report includes total clients served, client profile or demographic data, client needs, presenting problems, referral sources, services rendered, media coverage, speaking engagements, professional training provided to community agencies, inservice training provided for WOMA staff, lobbying and advocacy by WOMA's staff, and community meetings attended by WOMA staff. In addition, CETA requires annual evaluation reports and the State Division of Substance Abuse requires quarterly and annual reports.

Community Interaction

WOMA enjoys a number of working liaisons with a variety of community agencies and professionals, including Community Legal Services, private attorneys, Central Mental Health, Santa Clara County Department of Social Services, Women's Programs of Economic and Social Opportunity, Inc., San Jose Police, Santa Clara County Medical Center Emergency Department, Project DARE (drug abuse program), *San Jose Mercury* (daily newspaper), Valley Medical Hospital, The Bridge Counseling Center, San Jose city government, San Jose National Organization for Women, and the YWCA. In July 1977, Community Legal Services created a special Domestic Violence Unit funded by CETA.

Two State networks are active in California—the California Coalition Against Domestic Violence and the Western States Shelter Networks. These networks aid WOMA staff in making referrals for safety purposes to shelters outside the area. A close reciprocal referral system with programs in Northern California is reported.

POLICE

As mentioned previously, WOMA has been particularly influential with the San Jose Police. In April 1978, they completed a videotaped training film which was shown at a State police convention and is now considered a model training film for police intervention with battered women and their mates.

LEGAL/JUDICIAL

The Community Legal Service Domestic Violence Unit provides legal services to persons who are suffering physical abuse from a spouse or nonmarital companion. Client services include referrals to other community agencies providing support services to victims of domestic violence, such as WOMA.

Clients who are eligible for Community Legal Services aid are represented at no charge. In addition to providing direct client services, the Domestic Violence Unit assists reform projects for battered women both at the legislative and community service levels by providing speakers for community groups and conducting workshops or seminars on the problems of family violence.

The Domestic Violence Unit is supporting legislation to aid victims of family violence, largely by establishing communications with the courts, district attorney, and law enforcement agencies to generate a greater awareness of the problem areas in the community response to domestic violence. This unit provides legal expertise to those groups whose goal is greater community response to the needs of victims of domestic violence.

The following legal services are provided to clients:

Client Services

(A) Dissolutions/legal separations, including protective court orders if necessary;
(B) Representation in matters of custody, support, and visitation;
(C) Referrals to community organizations offering services to victims of domestic violence;
(D) Referrals to private attorneys for clients who do not qualify for the services.

Intake

(A) Advice
  (1) Clients who want to talk with an attorney regarding legal remedies to their problem may call the Domestic Violence Unit to schedule appointments.
  (2) Community Legal Services' Family Law Unit attorneys also are available for such advice.
(B) Emergency cases
  (1) Clients who qualify for assistance and choose to initiate legal proceedings to protect themselves against an immediate threat of violence may obtain legal services at the Domestic Violence Unit.
  (2) These clients may schedule their own appointments or be referred through community organizations. Community workers are asked to call on behalf of the

client before referral to assist in clarifying the client's needs and assure an appropriate referral.

WOMA has worked with law enforcement officials, the district attorney, a family court judge, and local attorneys to develop the temporary restraining order (TRO) procedures for Santa Clara County which came into effect January 1, 1978. In addition, WOMA has spoken for the needs of victims of domestic violence at public hearings and meetings with legislators and other individuals who affect local, State, and Federal policies.

Medical/Hospitals

The Santa Clara Valley Medical Center Emergency Department estimates that it has served approximately 500 battered women between January 1, 1977, and December 31, 1978. The services requested and provided include emergency care, such as suturing, X-ray, wound care, and treatment for ingestions. In addition, the emergency room personnel provide referral to community agencies such as WOMA.

Personnel from WOMA have provided education and training of emergency room staff. However, WOMA personnel generally do not become involved in the acute emergency care. Because victims do not often admit to having been battered, the director of the Emergency Department has suggested that the availability of women's groups for crisis work with battered women in the emergency room would greatly facilitate helping those women who tend to be nonassertive or dependent. The Rape Crisis Center of the YWCA of San Jose has, in fact, participated in direct patient care by providing emotional support to rape victims in the emergency room. The relationship between this group and the emergency room personnel was described as very good.

Referrals to the medical center are received from a great many agencies. Patients are not refused service because of lack of funds, but all patients are charged for emergency services. Those who cannot pay are referred to the Victims of Violent Crime Identification Fund.

Welfare

The San Jose Department of Social Services (DSS) estimates that approximately 15 to 21 percent of their clients are battered women. The DSS administers the Aid to Families with Dependent Children (AFDC) monies that can enable a financially eligible battered woman to leave home, although she must remain in Santa Clara County.

The DSS refers battered women to Brandon House for emergency housing, Casa WOMA, the police, Community Legal Services, Domestic Violence Unit, Alcoholics Anonymous, and Al-Anon. Its personnel listed emergency housing and crisis intervention counseling for battered women and husbands at the scene as those needs that currently are not met in situations of domestic violence.

Services provided for children include housing, food, clothing, daycare, counseling, and emergency bus tickets.

Child Welfare and Education

Protective Services for Children are provided through various offices of the Santa Clara County Department of Social Services. Their responsibility is to extend voluntary services to those families who are not providing care for their children in accordance with the minimal physical, moral, and social standards of the community. A Spanish-speaking unit, consisting of a supervisor, nine social workers with Master's degrees in social work, and a community service worker, provides a voluntary, barrio-based, crisis intervention service to Spanish-surname parents and their children. The objective of the intervention service is to prevent and alleviate physical, emotional, and mental abuse and neglect of children according to the normal standards of their community.

Mental Health Services

The Central Mental Health service located in San Jose reports a working relationship with WOMA and other women's groups. They report that while battered women come to them for help, they generally attempt to cover up the battering and to present themselves as depressed. Clients are charged on a sliding scale basis, and most are eligible for Medicare or Medicaid.

Services to Special Populations

As illustrated throughout this report, Casa WOMA is dedicated to serving the minority population in the San Jose community. Bilingual and minority personnel are considered an integral component of the services provided to the Spanish-speaking woman.

Women's Groups

Women's groups that work with the WOMA Program and were instrumental in its creation include women's clubs, NOW chapters, Women's Resource Center, private and activist groups, and individual women.

Churches/Religious

Church groups and counseling clergy are reportedly of no help to the WOMA Program. These groups neither provide specific services nor appear to be aware of the problems encountered by battered women.

Media

The *San Jose Mercury* is sensitive to the issues of battered women and has provided press coverage of the WOMA project. In the Sunday, April 30, 1978, edition, the *Mercury* published an article about battered women along with a questionnaire entitled "Domestic Violence Survey," designed to explore the incidence of battering in Santa Clara County. Although response to the questionnaire was not large, articles of this nature publicize both the problem and the program.

Service Professionals

LAWYERS

An attorney associated with a general practice law firm provides 3 to 4 hours per month at the WOMA legal clinic. This attorney meets with clients for 20 minutes on an individual basis, during which time he advises them on their legal rights and answers questions about community property, child support and separate maintenance, divorce, and restraining orders.

Summary

In the process of providing much needed services for battered women in Santa Clara County, Casa WOMA has developed a bilingual, multicultural program. The staff at WOMA emphasize that theirs is a comprehensive program meant to serve the needs and respect the values of diverse ethnic groups.

Chapter 8

Site Abused Women's Resource Closet
120 N. 5th Street
Bismarck, North Dakota 58501
Phone (701) 258-2240

Location

Bismarck is the capital of North Dakota. The Bismarck-Mandan area has a population of 43,000. The entire catchment area of the Abused Women's Resource Closet and the Community Action Program, however, is a nine-county area, 150 miles wide and 160 miles long, with a total population of 110,000. The other 55 towns in it have populations ranging from 50 to 1,000 citizens.

Bismarck-Mandan are considered to be the fastest growing cities in the upper Midwest. It is the third largest metropolitan area in North Dakota. While Bismarck-Mandan is described as an urban area, there is no public transportation and few neighborhood shopping facilities within the cities. These factors tend to increase the isolation of residents within the city. In addition, Bismarck has experienced difficulties in maintaining such basic public health needs as ambulance and nursing services.

The approximate racial composition of the nine-county area is 92 percent white and 8 percent Native American. The region has the second highest percentage of families living below the poverty level in the State, while the cost of living in Bismarck is among the highest there. Recent figures indicate that over 20 percent of the population reside in mobile home parks.

Fifty percent of the population have incomes of $10,000 to $23,750, 29 percent earn $5,000 to $10,000, and 18 percent earn less than $5,000 per year. The remaining 3 percent of the population earn over $23,750.

During the 1975-1976 period, the number of reported violent crimes in North Dakota increased 35 percent, while aggravated assault increased 30 percent. Violent crimes in rural America are reported to have risen 99 percent during this period, in contrast with national statistics which indicate that aggravated assault rose only .6 percent and all violent crimes actually declined by 4.5 percent from 1975 to 1976.

Historical Perspective

In early 1977, the urban outreach worker at the Community Action Program (CAP) in Bismarck was involved with a difficult case in which several agencies struggled to help a woman who had been beaten by her husband. Soon after, at an interagency meeting, two ex-battered women presented information regarding the domestic violence they had experienced and their frustrations in attaining needed services from many of the agencies present. These two events provided the impetus for the work which eventually created the Abused Women's Resource Closet.

After discovering that many human service agencies in the Bismarck area had been frustrated in their attempts to assist battered women, an urban outreach worker organized a task force of over 100 people, including interested citizens and representatives from human service and law enforcement agencies. The first meeting started with a film about battered women, a talk by an ex-battered woman, and a discussion of the lack of appropriate services locally. The meeting generated much enthusiasm for implementation of a direct services project.

At the second task force meeting a speaker from out of State presented his opinion that any project would face a number of legal problems, violence directed against staff members by angry husbands, and a host of other complexities that they had not considered. Most task force members then opted for more study of the problem rather than immediate creation of a direct services program. The CAP worker, however, obtained her organization's backing to approach the executive director of the North Dakota Mental Health Association and propose that they cosponsor a battered women project under the Comprehensive Employment and Training Act (CETA). In May 1977, the local CETA program awarded them a Title II grant for two positions, and the services started one month later have been continuous ever since.

The unique cosponsorship of the Abused Women's Resource Closet (AWRC) has provided credibility and tangible benefits to the relatively young project. Community Action Program provides office space, phones, direct supervision of the project, public relations, grant writing, and transportation, food, and permanent housing assistance to low income clients of the AWRC. The North Dakota Mental Health

Association provides fringe benefits to the staff, a 24-hour hotline, and financial help to the project. Both organizations have fundraising and public relations experience and a wide range of community contacts. The task force and the two cosponsoring agencies gave the Abused Women's Resource Closet the initial support and legitimacy it needed in a relatively conservative community.

Management

ADMINISTRATION

AWRC is cosponsored by the North Dakota Mental Health Association (NDMHA) and the Community Action Program. Officially part of both organizations, it is under the direction of the board of directors of both organizations. The staff is supervised by the urban outreach worker at CAP and the executive director of NDMHA. These two are responsible for preparing press materials, public relations, fundraising, grant writing, and program planning. In addition, they occasionally cover the phones with the direct service staff.

BOARD

The AWRC does not currently have a separate board of directors, but it is anticipated that the board of directors planned for the future will include individuals from cooperative agencies, as well as a significant number of battered women.

STAFF

The two original staff members of AWRC are former battered women. They are responsible for provision of all direct services, which include advocacy, support group facilitation, public education, public relations, information and referral, transportation, and 24-hour crisis intake. The coordinator performs more administrative duties than the peer counselor, but their jobs are basically the same.

The staff accompany women to appointments, talk with or visit them daily at the safe homes or in the hospital, help them find permanent housing, advocate for their needs, educate them about the dynamics of domestic violence, share personal experience, listen, and provide emotional support. They do not give advice or counsel, but rather indicate options for the woman.

AWRC is strongly committed to a peer concept in staffing and in the provision of services. Battered women, it is felt, need to be involved themselves in the operation of an abused women's program for the following reasons:

- A network of women working together to eliminate male dominance and its resultant abuse against women is developing.
- Communication with battered women is enhanced when the staff member can talk to her as a peer rather than a detached "professional."
- The best model for battered women is a formerly abused woman who has changed her life.
- Ex-battered women have a public relations advantage in the community and have translated this into legitimacy for the program and close relationships with many important community agencies and groups.
- Ex-battered women helped the program become accepted by a conservative community as a needed human service rather than "just another feminist cause."
- When agencies do resist providing needed services to battered women, the project staff are able to get results swiftly because they are former victims themselves.

A third staff position, program aide, was added recently to the program. The position is currently held by a Native American woman who is working on expanding programs for her people. She performs secretarial duties, provides direct services on an emergency basis, and performs on-call duties one week a month.

VOLUNTEERS

AWRC does not have a shelter, so emergency housing is provided when necessary at 20 volunteer safe homes. The idea was adopted at the first task force meeting of AWRC, and many of those people who initially volunteered their homes continue to provide this service. The majority of volunteer residences belong to "intact" families, although a few are owned by single parents or single women. Most of the homes are in the middle or lower middle socioeconomic category, and many have been the scene of domestic violence prior to involvement in the AWRC program.

Because of the strong commitment required in this form of volunteerism, the staff is careful in its recruitment efforts. Volunteers are surveyed with regard to the number of people the home can accommodate, how often the homes may be used, what hours they will be available for accepting placements, and what is their ability to provide meals. This information is used to match clients with volunteers.

The safe homes provide shelter, meals, clothing, and basic emotional support. If financial limitations make it impossible for the home to provide meals, a CAP program can provide emergency food. The staff initially screens a woman before she is placed in a house, but whether she will be allowed to stay, as well as the length of her stay, is determined by the owner-volunteer.

The safe homes are patrolled and protected by the police, and calls for help are immediately answered. Only twice has an abusive husband discovered the location of a volunteer safe home, and these two homes are no longer being used. AWRC felt that the safe home volunteers might be jeopardized in a small town where their location would be generally known.

AWRC's long term goal is to have a shelter in Bismarck and use volunteer safe homes in outlying areas for immediate crisis. On a more short term basis, they are beginning to recruit more volunteer safe homes. Many of the original 20 have been overworked by now, and 50 new volunteer safe homes are being sought. With this large a resource, certain homes would be less likely to be overused, and there would be a better geographical spread. Growth of the program to rural areas also could be accomplished, allowing services during the night and when transportation to Bismarck cannot be arranged, as well as permitting rural people to get more involved.

An intern program for high school students in Bismarck has been started to educate the students to the dynamics of domestic violence. A summer internship for rural students has been proposed.

AWRC also uses volunteers in its babysitting program for battered women's children, for office work, and for transportation. Volunteers also have helped in fundraising and special events.

Facility

DESCRIPTION

AWRC has offices located in the community Action Program office in downtown Bismarck.

PROCEDURES/SERVICES

During normal office hours the staff respond to crisis calls. At nights and on weekends they rely on the North Dakota Mental Health Association's widely advertised 24-hour hotline. One staff member is on call via a beeper system donated by the local Welcome Wagon chapter during these off hours.

Women are screened over the phone or in person by the staff and sign a release form before referral to a safe home. AWRC provides information referral and advocacy to battered women, and often a member accompanies a client to appointments to facilitate prompt and adequate services. At these times they are able to inform and sensitize agency personnel to the situation and needs of battered women. AWRC also provides public education about domestic violence and works for legislative change.

Networks of referrals to counsel abusive men also have been developed. At times this referral network has resulted in arrest or commitment of an abusive man. The ability of AWRC to match the needs of those involved in a violent home environment with existing community services is a major factor in the success of the program.

The counseling offered by the AWRC program is the peer approach, based on the concept that a battered woman is not sick, but rather has needs to be met. Staff who themselves have experienced extreme physical and psychological abuse and have been able to make significant changes in their own lives are seen as having an important contribution to make to other abused women.

Two self-help groups meet weekly. Presently these groups are not run by professionals, but the staff would like access to the services of a professional consultant to help them when complex psychological problems emerge. Both active and past users of AWRC services attend these support groups, which meet one evening and one afternoon a week. The afternoon group was added recently to accommodate women who could not leave suspicious husbands in the evening. The women are encouraged to talk about their personal experiences to educate each other about the dynamics of battering and build support for each other. The meetings are attended by women who have gone through the transition of leaving their relationships and women who are still with abusive men.

The AWRC staff pay special attention to the children of battered women. Mothers are encouraged to bring their children to the volunteer safe homes, although large families sometimes must be housed in motels. Volunteers do special babysitting or provide daycare if necessary. The staff have liaisons with the public school system, including special contacts with counselors and child development professionals to work with and test troubled children.

AWRC also tries to obtain help for abusive men when requested. Referral arrangements are available for counseling at mental health centers and with private counselors. Alcoholism counseling is available through Alcoholics Anonymous, the Public Inebriate Program, and Mandan and Bismarck Mental Health Centers. Battering men are allowed in the offices to discuss their problems, but are not allowed to visit the safe homes or to know their locations.

Direct

(1) A 24-hour hotline;
(2) Volunteer safe homes or shelter in motels;
(3) Peer counseling;
(4) Advocacy and information and referral;
(5) Support group;
(6) Transportation;
(7) Education of victim;
(8) Limited financial assistance;
(9) Emergency food;

(10) Clothing bank;
(11) Assistance in finding new housing;

By Referral

(12) Legal aid;
(13) Counseling for women, children, men, and couples;
(14) Job counseling, training, and placement;
(15) Medical services;
(16) Babysitting for the children of battered women;
(17) Financial assistance;
(18) Permanent housing;
(19) Alcoholism counseling for the men;
(20) Transportation;

Indirect

(21) Education of community about domestic violence;
(22) Legislative reform;
(23) Training of professionals in other agencies.

Demographics-Client

During the first 12 months of operation, AWRC provided direct and safe home services to 240 children and 144 women. Referrals came 20 percent from police and sheriff, 60 percent from self referral, friends, or relatives, 5 percent from hospitals and emergency rooms, 2 percent from ministers/urban churches, 8 percent from legal aid, 2.5 percent from private doctors and lawyers, and 2.5 percent from social services.

AWRC never has housed more than four women at one time. Approximately 30 percent of the women return again for safe home services; about 50 percent return to their husbands. Alcoholism is involved in over 80 percent of the cases. Eighty percent of the battered women are between 18 and 25 years, 15 percent are between 26 and 35 years, and 5 percent are 56 to 65 years. Approximately 85 percent of the women have completed high school and 70 percent report a family income of $5,000 to $9,999. Approximately 95 percent of the women are white, and the remaining are Native American.

Funding

The Abused Women's Resource Closet, through the community Action Program and the North Dakota Mental Health Association, received a Title II CETA grant of $13,000 for two positions. The Mental Health Association provided fringe benefits of $1,500. The project also has received donations from church groups, a local Welcome Wagon chapter (through an art auction), a local foundation, and individuals. The total first year budget is approximately $17,000, which includes salaries, benefits, mileage, postage, some printing cost, and motel and hotel charges.

A great many donated services whose values are difficult to estimate have been received. Phones, offices, brochures, and supervision costs are donated by CAP and NDMHA at an approximate value of $6,000 for the first year. It is estimated that if the services provided by the volunteer safe homes had to be purchased for the 144 women and 240 children who were housed in the program during the first year (average stay 10 days), the cost would have been nearly $46,000.

The goal of AWRC is to develop a comprehensive rural domestic violence project. They have completed a proposal to LEAA, but at this time, a small city is not allowed to apply for funds. A statewide proposal plan was submitted but not accepted. Because Federal funding is geared toward large metropolitan areas, rural communities have particular funding problems.

AWRC also has submitted proposals to foundations, the North Dakota State Legislature, and local business. They have staged benefits and are looking into possible support provided in the North Dakota gambling club laws, which state that fraternal organizations which conduct "friendly gambling games" must give the proceeds to a private nonprofit charitable organization.

Evaluation

The staff and supervisors of AWRC are constantly evaluating and changing the program to respond to changing needs of their clients. The staff supplies monthly reports to the boards of NDMHA and CAP which detail the number of clients served and provide financial and other pertinent program data. The staff, supervisors, and board intend to review formally their first 12 months of operation to evaluate progress and problems.

Community Interaction

The project staff report that their project is strengthened by meaningful community give and take. Through the volunteer safe homes, the task force, the public relations efforts, and other volunteers who assist in fundraising and office work, AWRC is in contact with the community on a daily basis.

POLICE

There is a cooperative working relationship between the AWRC staff, the sheriff, and police department. A willingness to accompany police officers on domestic violence calls at any time of day or

night has been demonstrated by the coordinator and peer counselor, which has aided in strengthening this relationship.

The police and sheriff are used for emergency transportation, which is important in rural areas, getting clothing from the scene of the violence, and special patrolling and protection of the volunteer safe homes. In addition, they have been willing to arrest abusive men and to inform women of their legal rights more frequently than before AWRC was developed. The Sheriff's Department often sends abusive men who are alcoholics to the Public Inebriate Program for detoxification.

Legal/Judicial

AWRC has strong ties with Legal Assistance of North Dakota, which provides divorce and restraining order services to battered women. Legal Assistance has been planning a Family Violence Project to help the police become more aware of the legal issues of spouse abuse. Women are provided free services, but must pay filing fees.

North Dakota has a commitment law which allows a judge, during a brief court hearing, to commit alcoholics deemed dangerous to themselves or the community to short periods of time in various alcohol treatment programs. AWRC has used this approach several times, in cooperation with the sheriff or police who provide temporary protection to the woman before and during the hearing.

Medical/Hospitals

Battered women seek treatment from the Bismarck Hospital. If a woman has not been referred there by AWRC, the hospital refers her to AWRC. Education on domestic violence has been provided to the hospital personnel by the battered women's project, and the emergency room has AWRC literature for use by clients.

There is a close working relationship between AWRC and a hospital psychiatric nurse who assesses and evaluates patients and provides psychiatric consultation. She reports that the needs of battered women that are currently unmet are long term shelter, job readiness, and general education on options available to women. The services requested of her by the 3 to 4 percent of her clients who are battered women are for emotional support and legal referrals.

The private Quain and Ramstad Clinic has AWRC literature in strategic locations, and various physicians also refer women to AWRC for services. Overall, the practitioners in the community are sensitive to the dynamics of domestic violence.

Welfare

The Burleigh County Department of Social Services, through the efforts and advocacy of the AWRC staff, have become somewhat more sensitive to the needs of battered women. The social service department provides battered women with food stamps, emergency funds through general assistance money, and applications for Aid to Families with Dependent Children (AFDC).

Child Welfare and Education

The Mandan Mental Health and Retardation Center and AWRC have cooperatively worked on strengthening referrals to the center for counseling and testing of children. The AWRC staff can also arrange for babysitting through a volunteer network or a volunteer safe home. The public schools have been very supportive of AWRC plans for the children.

Employment

AWRC clients who have schoolage children and are eligible for AFDC are required to apply for the WIN program, which offers job training and opportunities. In addition, the staff refer to other job training and placement programs. United Tribes has a job referral service for persons living on reservations, and this has been used by AWRC clients.

Mental Health Services

The Mandan Mental Health and Retardation Center has worked with the AWRC staff on several cases involving long term counseling for battered women and couples counseling. The staff have also referred to a local Parents Anonymous group when abuse of children was involved.

Housing

The Housing Authority has worked with AWRC and CAP in many cases. Because housing is in short supply in Bismarck, women who have found their own apartment and meet eligibility requirements will receive rent subsidies. The Department of Social Services will also provide women with general assistance money to facilitate moving from the volunteer safe home to a more permanent residence. The staff of AWRC and CAP assist their clients in finding housing.

Services to Special Populations

As mentioned, the nine-county area served by AWRC includes a Native American population. AWRC has always provided services to this group and is seeking to expand its services. Until now, there have been relatively few Native American volunteers who have offered their homes for use by victims, and the staff is working to remedy this situation. Other arrangements for Native American women who have been battered are available through the Dakota Association of Native Americans (DANA).

AWRC, while located in a city, serves a vast rural area. Because the rural battered woman is more physically isolated from support and help than is the urban woman, special needs such as transportation must be met. On several occasions AWRC and/or police officers have moved rural women to Bismarck.

CHURCHES/RELIGIOUS

Several clergy and church clubs have provided AWRC with funds and forums for publicizing the program. These cooperative clergy also have helped Abused Women's Resource Closet to initiate inroads into conservative churches in rural areas. AWRC plans to contact the rural portion of the local council of churches to begin sensitizing clergy throughout the catchment area to the problems of domestic violence. In rural areas clergy are often perceived as the only persons to whom people can comfortably express their concerns.

ALCOHOLICS ANONYMOUS

AWRC has a strong cooperative relationship with Alcoholics Anonymous (AA) because so many of the violent episodes are alcohol-related. AA and AWRC are main referral sources for one another.

Media

The Abused Women's Resource Closet enjoys an excellent relationship with the media. Staff members have appeared on talk shows several times. The papers also have featured stories on the AWRC project and are cooperative in covering special events and publishing press releases.

Service Professionals

LAWYERS

AWRC uses private attorneys as referral sources to Legal Aid or AWRC safe homes. If necessary, these attorneys provide services at a low cost.

In response to a CAABW questionnaire, a woman attorney in private practice estimates that approximately 25 percent of her clients are battered women. She receives referrals from legal aid and requires a $100 retainer fee. The battered women's requests for legal services include low cost divorces, restraining orders, and custody issues. The attorney is supportive of the AWRC program and serves on its task force. She feels that the police are in need of more sensitivity training with regard to domestic problems and currently are not providing the protection required.

PHYSICIANS

A private physician in general practice reports that he has treated seven or eight battered women who had suffered severe physical abuse. The physician stated that, while the abused women seek comfort from him, he is able to provide very little of it. It is his policy to give AWRC pamphlets to these patients and to refer them to the program.

Summary

The Abused Women's Resource Closet has obtained strong community involvement and support. With limited staff and funding and no shelter, the program has been forced to rely on community agencies and volunteers for many services which are typically provided by shelter programs. The philosophy of those involved in the Abused Women's Resource Closet is that mobilization of the entire community is necessary in order to remedy violence toward women. The positive rapport existing between AWRC and the community has eased the process of development of this program within a relatively conservative community.

Chapter 9

Site Rainbow Retreat, Incorporated
4332 North 12th Street
Phoenix, Arizona 85014
Phone (602) 263-1113

Location

Phoenix is a western city with a warm and arid climate that attracts many people of retirement age. The community served by Rainbow Retreat comprises 75 percent of the major city population. Its racial composition is 50 percent white, 30 percent Chicano, 5 percent Native American, 3 percent black, and 12 percent other. The community is 75 percent urban and 25 percent rural, with 75 percent of the community earning $5,500 to $10,000 annually, 10 percent earning under $5,000, and 10 percent earning $10,000 to $23,750. The remaining 5 percent are in the upper middle and upper socioeconomic groups.

Historical Perspective

Rainbow Retreat started as a crisis shelter for families of alcoholics in November 1973. It was observed, however, that the program was not making significant intervention in the women's living situations. While they escaped the discomfort of their environment for a time, the majority returned to the abusive situation. Eight months after the shelter opened, a program of individual counseling, rap sessions, group sessions, and transportation to community lectures was added with a $15,000 grant from the Alcoholism Division of the Arizona Department of Health Services.

The program has since been accredited through the Joint Commission for Accreditation of Hospitals (JCAH), and funding increased to over $350,000. These monies come from CETA, the city of Phoenix, the Law Enforcement Assistance Administration, the Arizona State Health Department, client fees, and donations.

Once the treatment program was initiated, there was an influx of requests for counseling in the area of abuse from women and men who did not want or need residency. This move precipitated a staff decision to provide outpatient counseling to the whole family unit.

Management

Board

Rainbow Retreat operates within a traditional hierarchy of responsibility and established line of authority within the administrative structure, with the board of directors responsible for final decisions. Clients can provide input at two weekly meetings or through a suggestion box. Rainbow also uses a grievance procedure, whereby complaints or requests are handled first by the housemother and secondly by the resident treatment manager. If the grievance is still unresolved, it is taken to the director. Final consideration and resolution is made by the board, a 21-member group with a 2-year rotation. Board membership is diverse and includes formerly battered women. The committees are fundraising, housing, budget/finance, nomination, long range planning, and legislation.

A $60 corporate membership fee, which can be given in time, cash, or goods, is required of board members. Membership meetings are held annually.

Staff

The staff of 30, which includes ex-battered women, has two housemothers, three counselors, one counseling aide, two part-time outreach counselors, one cook, a WIN-funded clerk, a child attendant, two child guidance counselors, one Arizona Recovery Center Association (ARCA) aftercare counselor, and a trainer/training coordinator. A CETA-funded job developer is employed at Rainbow, but this position may be changed because of the difficulties in placing women who lack skills and the limited time the women spend at the retreat.

Volunteers

Rainbow Retreat has approximately 60 volunteers per month actively involved in the program. They are student interns, students in practicum, former clients, and members of the Rainbow Guild. Training currently is accomplished by rotation through services and programs, but a comprehensive volunteer training program is planned. Volunteers are not allowed access to files, which are number-coded and referenced with a cross-section file.

Facility

Description

Rainbow Retreat is able to provide beds for 28 women and children. The shelter is a large ranch style

home. A small hotel unit adjacent to it houses extra dormitory space, offices, and treatment rooms, such as a children's play therapy center and counseling rooms.

The shelter is in compliance with zoning, fire, health, roominghouse, hospital accreditation, and residential child care regulations. Security measures consist of special arrangements with police, 24-hour coverage of the crisis line and shelter, and smoke alarms located in each room. The premises, which are owned by an ex-board member, are clean and pleasant.

Procedures

During the past 4 years, Rainbow Retreat has developed an extensive procedures manual for the entire operation of the shelter and its extended services. Screening of clients is accomplished by telephone, through face-to-face interviews, and by referral agencies. If there is no available space, clients are referred elsewhere. The maximum length of residence is 6 weeks, and the average stay is 15 days. A woman may return as many times as necessary. If a woman is in need of immediate medical attention, under the influence of drugs, or observably psychotic, she will be referred elsewhere. The batterer is allowed on the premises for counseling and visiting.

Services

In addition to residence in its own facility, Rainbow Retreat arranges for accommodation in private homes, witness protection homes, and shelters outside the area for safety purposes. There are other 24-hour crisis shelters in the community. In fact, there are over 80 agencies, clubs, and social services in the community to which Rainbow makes referrals.

Much support is given to the women who enter Rainbow, from intake throughout the program. Housemothers are present at all times, as is a cook and child attendant, so that the client can participate fully in the structured program provided by the staff and community volunteers. An important aspect of the program at Rainbow is that after the first crisis week, full participation in the structured program is required by the client for the remainder of her residency.

Crisis emergency counseling is accomplished through telephone and face-to-face interviews. Extended services include outpatient counseling for women, abusers, and children. Intervention programs, such as counseling to children to help them prevent the reoccurrence of violence in their lives, are provided for both residents and outpatients. A group which meets once a week for 8 months is offered as a couple therapy program at no cost for the first 2 months of participation. Services are available to youth from 6 to 17 years-of-age. In the 6 to 10 week program they are taught skills for dealing with violent behavior. The child guidance counselor is a man, whose behavior offers clients the opportunity to observe and interact with a nonviolent, masculine figure.

A parenting group is open to residents and nonresidents. Child management as well as parenting which emphasizes awareness of the processes and stages of child development are taught.

The outpatient services include group, family, and crisis walk-in counseling. There is a weekly group for abusers. Individual and family counseling may be initiated by the abuser. The Diversion Program offered to men is an alternative to prosecution of misdemeanor charges filed against them in domestic violence cases. It consists of 6 months of counseling and restitution and/or mandatory community volunteer work.

Counseling techniques are warm, empathetic response and support during the crisis period, followed by a more directive approach during the structured program. Specific techniques are confrontation, assertiveness training, grooming, self-exploration via Al-Anon meetings, and job exploration and development. The staff at Rainbow feels, however, that 6 weeks of residency is too short a time for development of effective job skills because many of these women have low employment skills or have been out of the job market for too long.

Services include the following:

Direct

(1) A 24-hour hotline;
(2) Groups:
- Al-Anon meetings
- battered women
- assertiveness training
- grooming
- relaxation techniques
- problem solving
- self care
- mothers
- lecture series
- parenting
- art therapy;

(3) Individual counseling;
(4) Clothing bank;
(5) Counseling for the batterer and for couples;
(6) Cultural/civic activities;
(7) Assistance in finding new housing;
(8) Food;
(9) Self-defense training;
(10) Welfare assistance;

By Referral

(11) Counseling;
(12) Job counseling, training, and placement;

(13) Legal counseling;
(14) Shelter outside Phoenix for safety reasons;
(15) Educational counseling;
(16) Medical and family planning;

Indirect

(17) Community education;
(18) Education of professionals in other emergency and social services;

For Children

(19) Daycare for residents and nonresidents;
(20) Counseling;
(21) Supervised recreational activities.

Demographics-Client

During 1977, the program served 548 women, children, and men, including the 252 women and children who were housed. All but 5 percent of the women served were between the ages of 18 and 40. Three-quarters were white and 20 percent were Chicano. Fifty-five percent had a 12th grade education or general educational development (GED), and 85 percent had an income of less than $10,000 per year.

Funding

Funding is a major problem for Rainbow, and the staff hopes to secure Federal, State, and local funds. Present funding sources include private donations in the form of cash gifts, fundraising, and client fees. A sliding fee schedule, used for motivational purposes, ranges from $28 to $3 per day, with the most common fee being $6 per day.

Rainbow is certified for third-party payment under the Joint Commission for Accreditation of Hospitals, eligibility for which requires that a medical person be part of the staff. Because there is no full-time medical person on the staff at Rainbow, the facility has not yet derived the full benefits that this accreditation could provide.

The city and State are a source of funding to the program through CETA and the Arizona Department of Health Services. The program is funded as an alcoholic treatment agency under a contract with the Arizona Recovery Association (ARCA). When Rainbow first received ARCA funds, the appropriateness of providing alcoholism funds to an agency which serves nonalcoholics was questioned. However, with more emphasis on treatment for families of the alcoholic, the use of these monies is now accepted. The policy of Rainbow Retreat is to reject community mental health monies in order to avoid labeling the client as mentally ill.

Evaluation

Evaluation and data collection at Rainbow are ongoing for all services. Files are kept from intake to followup on all clients served, and the data are used to evaluate program effectiveness and provide information for development of new programs.

Community Interaction

Rainbow Retreat has developed an extensive network of relationships with human service and emergency agencies in the community. A statewide workshop on family violence is planned for the future.

Police

The police make referrals to Rainbow, and one police officer participates in the lecture program offered at the shelter. While some officers are educated to the problem of battered women and actively refer to and work closely with the shelter, others exhibit the more traditional attitude toward women and solutions to the wife abuse problem. Education of law enforcement personnel is seen as imperative.

The staff of the shelter cite difficulties with legal aid in obtaining services, probably because the attorneys are too busy to take immediate action, rather than unwilling to help.

Medical/Hospitals

Medical social workers are a source of health care and social assistance for battered women. The social workers of the county hospital refer to Rainbow Retreat, which is the only referral facility available. A problem for social workers employed in a medical setting is that information regarding spouse abuse is usually hidden among the medical data.

The person interviewed at the Department of Health Services felt that there are two major needs of battered women which currently are not being met. One need is for a long term transitional living agency or service; the other need is for more help with child care while the mother is in treatment and job training.

Welfare

The shelter and the welfare department both refer and accept referrals of battered women to and from each other.

Mental Health Services

The physician interviewed from the Tri-City Mental Health Center reported that battered women request counseling from this agency. The center offers individual, group, and marriage counseling. It refers clients to Rainbow Retreat and to a women's rap

group at the Women's Center at Mesa Community College.

Women's Groups

There is significant support by women's groups at Rainbow Retreat. The Al-Anon meeting held three times per week at the shelter functions with women as the sole participants. In addition, member groups of the Arizona Federation of Women's Clubs support Rainbow Retreat through many diverse projects, ranging from donations of goods and services to development and presentation of programs which educate the public on the subject of spouse abuse. Finally, the Rainbow Retreat Guild, with membership of Rainbow staff, former clients, and volunteers, sponsors two fundraising events per year—a fashion show/luncheon and a yard sale.

Churches/Religious

A unique volunteer service at Rainbow is implemented by a priest from the Franciscan Renewal Center. Not only does it provide limited emergency housing for abused women, but also the Renewal Center is made available to the staff at Rainbow once a month for the staff and counselor rest and revitalization. The retreat time is spent in rap sessions and mutual support. Inservices are held and resource people from various therapeutic orientations give workshops on a volunteer basis.

Lawyers

Legal advice is available to clients of Rainbow by a private attorney. At a bimonthly meeting, this attorney facilitates a group discussion relating to the many legal problems that are faced by the battered woman and her family. He also has made available a reduced rate divorce for those in need. At the interview this attorney stated that he has encountered resistance to his work at Rainbow from his legal colleagues, who seem to lack empathy and awareness toward battered women.

Summary

The philosophy of Rainbow Retreat emphasizes ongoing treatment through counseling methods directed toward changing attitudes and behaviors during residency and afterward. The belief is that crisis intervention alone is an insufficient response to the problem.

Site House of Ruth
459 Massachusetts Ave., N.W.
Washington, D.C. 20004
Phone (202) 347-9689

Site House of Ruth Annex
1215 New Jersey Ave., N.W.
Washington, D.C. 20004
Phone (202) 347-2332

The House of Ruth, a private, nonprofit organization, offers limited services with the help of community resources. It is the only program chosen by CAABW which is located in a major urban setting and serves primarily minority women.

Location

Washington, D.C., is a city of contrasts. On the one hand, it is the seat of this nation's government. On the other hand, it is a city of urban decay, substandard housing, and high unemployment. House of Ruth Annex, the first shelter program for battered women in the D.C. area, is located in a decaying residential neighborhood not far from the U.S. Capitol, the Supreme Court, and the Library of Congress.

Washington is a major metropolitan city with a population of approximately 2 million persons. The racial composition of the community served by House of Ruth is 25 percent white, 70 percent black, and 5 percent other, including Hispanic, Native American, and Asian. Although the shelter is located in a poverty area, financial support has been received from affluent people from the entire metropolitan area. The surrounding suburbs of Fairfax County, Va., and Montgomery County, Md., are primarily wealthy; however, Prince George's County, Md., is considerably lower in financial resources. While most shelter residents are from the District (61 percent) or from neighboring suburban areas (26 percent), others have come from as far away as New York, Connecticut, California, and Texas.

Historical Perspective

The House of Ruth began 2-1/2 years ago as an offshoot of an inner-city soup kitchen which is still in operation. While the majority in the soup line were men, the number of women was surprisingly large. The women, like their male counterparts, were homeless and totally destitute. The majority had lost contact long ago with government social agencies and survived instead through their own street ingenuity. It was discovered that more than 5,000 women were homeless and destitute in the city.

In January 1976, in search of a facility for use as a temporary, emergency shelter for homeless and destitute women, the woman who would become director of the House of Ruth found a roomy, circa Civil War structure, formerly used as a tourist home, in the District's Northwest section. Seven days later she returned with $400 for rent which she had solicited from friends who were supportive of the shelter experiment. Funding of the program now comes from every sector of the metropolitan and national community, including individuals, businesses, churches, social groups, and private foundations.

From the beginning, the function and needs of the program have been made known to the public. The director, a handful of volunteers, and residents spoke at countless gatherings to describe the plight of the women served and to encourage listener response. As a result, abused women and their children were among those who flocked to House of Ruth for shelter.

In the summer of 1976, 6 months after the house opened, the staff began to view the abuse problem in a different light, and a group of women attorneys encouraged House of Ruth to join a small D.C. coalition of women's groups interested in responding to the plight of battered women. Through the efforts of the abused residents and the members of the coalition, which included members of the District's Women's Legal Defense Fund and National Organization for Women's Task Force on Abused Women, the problem of domestic violence was more clearly identified as a distinct, significant problem. Many of the women sheltered as homeless women had been physically and emotionally abused for many years, and it seemed possible to draw the link between the present lives of the transient "shopping bag" ladies and past life histories of severe victimization in the home.

The House of Ruth opened its first shelter with only enough money for the first month's rent and a few willing volunteers. In April 1977, House of Ruth Annex, which was not owned by House of Ruth, was opened as a shelter specifically for abused women.

Four months later a wealthy couple purchased the building and turned it over to House of Ruth.

Management

Administration

Program decisions are made in various ways. The board of directors is responsible for policy decisions, while the executive director makes ongoing decisions with input from staff and sheltered women. The program is administered by a program coordinator and the resident who has been in the shelter the longest. They supervise daily resident meetings, which are held to schedule such house chores as cleaning, cooking, and receptionist duties. The shelter maintains a 24-hour hotline. The program coordinator daily seeks to impress on the women their responsibility to the shelter, its program, their fellow residents, and their children. Infractions of major shelter rules or program guidelines, such as curfew violations and failure to attend scheduled counseling sessions, result in a woman's immediate expulsion from the program. A woman's progress within the program is evaluated weekly by her coordinator, who seeks to determine if she is using the resources available to her.

Board

The board of directors includes ex-battered women, formerly homeless and destitute women, former alcoholics and drug addicts, clergy, business people, corporation executives, human service professionals, and politicians.

Staff

There are two paid staff members in the annex program—the program coordinator and a CETA child care aide. There are three paid staff members, all of whom are women: two are black and one is white. Thus, the proportion of black staff members and residents is approximately the same.

Volunteers

Twelve ex-battered women and two paraprofessional women offer their services as counselors, child caretakers, job counselors, and welfare advocates. Volunteers are trained for 2-1/2 days through an informal introduction to residents, orientation to shelter procedures, and special instruction regarding abuse and crisis intervention. Inservice training is ongoing, with special sessions planned as needed. A board member coordinates the efforts of a broad range of volunteer workers. In addition, countless numbers of volunteers have participated in fundraising activities, redecorating and renovations, transportation, and special activities.

Facility

Description

The House of Ruth Annex is an old row house which is badly in need of repair. With only three bedrooms, there often is not room for all the women who arrive in emergency condition. As a matter of routine, families share bedrooms and children share cribs. Occasionally, a woman will have to spend a night on a sofa or the floor with her baby in a dresser drawer.

A grant from a local private foundation allowed House of Ruth to establish satellite or second stage housing in the summer of 1977. This program, with five rented houses that are occupied by ex-residents of the shelter, is designed to provide inexpensive, semipermanent housing to women who are employed or receive some form of government assistance.

Procedures

House of Ruth Annex seeks to provide a secure, temporary shelter for battered women and their children. The address of the main house and the annex are known to the public, and cab drivers readily deliver women who are not sure of the street address. Although shelter security is a major concern (the District police run special watches of the annex), security is maintained via a simple, standard door lock and the women's own vigilance. Resident capacity currently is 20 women and children. The decision to admit a potential resident is made by the program coordinator, based on actual evidence of physical abuse and/or authenticated medical reports of mistreatment, as well as the woman's written agreement to abide by the program guidelines.

Immediately upon her arrival, a woman is directed to available community services for her emergency medical and legal needs. All residents are required to file assault charges against the abusive mate and to request a restraining order. The house rules include wake-up time, meal time, and curfew. In addition, each person is required to participate daily in chores and a morning meeting. No drugs, alcohol, or male friends are permitted in the house or yard area.
male friends are permitted in the house or yard area.

A woman is expected to be ready to leave the shelter approximately 6 weeks after she enters it. Short extensions will be granted, but regular progress evaluations and the coordinator's close contact with the women normally preclude such special steps. During the first 9 months of operation, approximately half of the women left after 1 week in the shelter. Despite the short stays of most women, 73 residents (47 percent) did not return to their abusive home situation. Most of the women who do return home have left their mates for the first time and feel that he deserves another chance. Often these women

eventually return to the shelter, during which stay they decide not to return to the batterers.

The program is work-oriented. In their search for emotional and financial independence the women are encouraged to investigate employment possibilities first and public assistance second. Of the 156 women sheltered between April and December 1977, 98 (63 percent) have worked at one time. The other 37 percent considered themselves homemakers, never having held a job prior to their arrival at the shelter. Many of the women find employment in the community within a week after their arrival. Others, without job skills or experience, are forced to apply for emergency funds from the city government to meet their weekly expenses. At this time, there is no charge to stay at the shelter, but each woman is expected to contribute $10 a week for food.

SERVICES

Through counseling and legal, medical, employment, and housing referral services, House of Ruth attempts to provide a woman with the chance to examine her self-image, investigate her former lifestyle, and consider alternatives for permanently extricating herself from her abusive home situation. If she chooses not to return to her abusive mate, she is encouraged to examine training programs, employment possibilities, and housing openings.

Because the staff is limited, extensive use is made of community resources. Upon arrival, the woman is referred to D.C. General Hospital, Shaw Health Center, or Zaccheus Free Clinic for necessary medical help. The Citizen's Complaint Center and legal aid take care of legal needs.

After emergency medical and legal needs are answered, a woman is expected to participate in the counseling schedule the program establishes for her, including group raps, individual sessions, and the newly initiated weekly group session exploring budgetary management. Counseling is provided by the shelter's program coordinator and a regular volunteer psychologist; formal sessions are periodically supplemented by special group and instrumental meetings supervised by representatives of various community organizations. If a woman evidences special emotional or mental problems, she is referred to an appropriate helping agency, including area mental health units and Parents Anonymous.

On the average, the house shelters 15 children nightly, mostly preschoolers, kindergarteners, or first and second graders attending District public schools. The shelter's location affords easy access to elementary and junior high schools, and children within the District system may easily transfer to the appropriate school. Occasionally, however, some schoolage children are not attending school because the birth certificate required for school registration was left behind when the mother was fleeing a battering incident. There is difficulty in placing preschoolers in daycare centers due to the District's practice of accepting only children of working mothers. Transportation to schools and daycare centers in the family's previous neighborhood is not provided by the schools and is a problem in some cases.

At present, a CETA child care aide supervises the young children in a variety of educational and recreational activities Monday through Friday. Special children's rap groups are held weekly by the program coordinator. A $7,500 grant from a local foundation is being used to construct a new children's room in the shelter basement.

Of the 225 children who lived at the house during the first 9 months, approximately 90 percent were routinely neglected by their mother and/or her mate. Two-thirds of them obviously had been beaten beyond normal disciplinary measures, many never receiving proper medical care for their injuries. Although the mothers expressed great love for their children, their own pressing emergencies hindered them from caring properly for the children. In some cases, children are temporarily placed with relatives until the mothers are capable of caring for them. Those mothers participating in Parents Anonymous indicated that the group had provided them with insight into their harsh disciplinary measures and offered them alternatives to physical punishment.

Before the CETA child care aide was hired, recreational activities were provided free of charge by the 4C's Community Center. Two young men employed by the center supervised activities for the children in the basement of the shelter. In addition, they organized trips to the gym at the center and field trips to points of interest in the city.

Demographics-Client

Most of the 156 residents during the first 9 months came from the District: 84 percent were black inner-city women representative of the capital's overwhelming black majority; 64 percent were under 30 years-of-age, although a good 12 percent were over 40. Almost all were high school graduates and 25 percent had some college education. Their employment experience was varied, although past employment was typically "female," including office (40 percent) and domestic (27 percent) work. The majority were not employed at the time of their arrival at the shelter. The batterers were 8.6 percent professional, 55.8 percent skilled workers, 23.1 percent semiskilled workers, and 12.5 percent unskilled workers. The majority of the women (89.7 percent) qualified for Medicaid, while the remainder (10.3 percent)

qualified for an alternative medical program for the needy.

Funding

House of Ruth administration, while not adverse to receiving government money, believes a program should establish itself first within the community to insure that it will have enough resources to provide services if government funds are cut at some future point. Furthermore, government money often has strings attached to it, some of which are incompatible with program policy. When the staff contacts the community for donations, needs are clearly specified—e.g., dishes, food, blankets, a sofa. Many groups provide goods and services. For example, supermarket chains have donated large quantities of food. The American Society of Interior Decorators has organized student projects and donated furniture, drapes, and wallpaper to decorate the houses. NOW volunteers have helped to paint rooms, solicited clothing donations, and organized potluck holiday dinners for the residents.

Financial support has grown as local and national journalists, film-makers, and television newscasters became aware of the house's community-based program. After a 39-minute television film entitled "A Woman Is . . . Homeless" was aired locally in autumn 1976, calls of support flooded the house. A bimonthly newsletter, *Friends of Ruth*, read by close to 14,000 people throughout the country, outlines residents' needs, profiles women at the house, and examines the problems of abuse and homelessness in national terms. The editor estimates that the cost of printing and distributing the newsletter is 10 percent of the return received in donations.

Private donations account for more than 50 percent of the money collected by House of Ruth, while foundation grants account for close to 25 percent. More than 10 percent of the money comes from the sale of items at two thrift stores operated by residents. The thrift stores serve several purposes:

(1) They provide a source of revenue.
(2) They are an outlet for clothing and materials which are donated but not used by residents.
(3) They serve to train women in sales work and the management of a business.
(4) They provide a means for the trainees to build self-confidence.
(5) They serve the community by providing goods at extremely low prices.

Community Interaction

Women are referred to House of Ruth from government social services (28 percent), community organizations (28 percent), churches (9 percent), and private individuals (35 percent).

Police

House of Ruth personnel rated the police as very helpful, indicating that they are actively involved in community education and referral.

The D.C. squad car teams are integrated by sex and race wherever possible. Upon entering a dispute, the officers separate the couple; the female officer typically talks to the woman, the male officer to the man, unless the situation suggests that the opposite would be better. For example, in some cases women would rather talk to a male officer, and often the parties would rather talk to someone of the same race. The response time to answer a domestic disturbance call depends on whether or not the assault is in progress. If the couple do not cooperate and the police are called back a second time that day, the car answering the first call may radio to the car answering the second to indicate that they have been there already, particularly if they feel that it is a dangerous situation.

In a typical domestic disturbance, the police mediate for the most part. If there is bodily injury and they make an arrest, they often refer the victim to the House of Ruth, the Women's Legal Defense Fund, the YWCA, or a 24-hour counseling service provided by the Department of Human Resources. An assault does not have to take place in the officers' presence to prompt an arrest, which can be for a misdemeanor of probable cause or for disorderly conduct. As is the case elsewhere, officers try to avoid making arrests because there is a high danger of being assaulted themselves. In cases where alcohol is involved, the police may bring either the man or the woman to a detoxification center, and occasionally the police will assist the woman in obtaining a Civil Protection Order. The police will also sometimes assist a woman in removing her clothing from her home.

When the police log an arrest, they inform the person of his rights. If arrested for disorderly conduct, the accused can post a collateral to forfeit. In simple assault cases the person can be released on personal recognizance, unless the officer arranges that this be refused.

In considering additional means to meet the needs of battered women, the officers had several suggestions. First, they indicated a need for more police training. While they have seen films on the psychological aspects of family dispute calls and on technical advice in protecting themselves, they felt the need for more guidance. A training packet now being developed will make use of psychological theories, such as personal space and transactional analysis. Second, the police saw a need for more

referral services for women. Third, they indicated the need for problem prevention, suggesting marital counseling, more programs for the treatment of alcoholism, and media campaigns to let people know about alternatives. Finally, they saw a need for greater cooperation among government agencies and private groups who come into contact with spouse abuse.

Legal

The House of Ruth staff rated legal aid as very helpful and private attorneys as helpful. The Women's Legal Defense fund of Washington, D.C., has a task force on battered women which has just received grant money to start a shelter. Even without a shelter, the task force is able to offer a full range of comprehensive services, with a particularly strong legal advocacy component.

Medical/Hospitals

Zacchaeus Medical Clinic provides free medical treatment two nights per week and on Saturday morning and makes dental and psychological referrals. Funds are received from public grants, public welfare, private foundations, church groups, and private individuals. The Salvation Army has provided food, clothing, and emergency shelter to battered women. The Shaw Community Health Center has received referrals from House of Ruth and referred women there as well. In treating a battered woman, immediate medical attention is primary, followed by helping her get Medicare or Medicaid, welfare if necessary, and a shelter or other referral for housing. Psychological counseling is also provided to battered women at the center. It is the policy of the center that all clients must pay, although they do use a sliding fee scale. Additional funding is received through a DHEW grant.

Welfare

In cases where women are unable to obtain employment, they are aided in getting welfare assistance. Both Shaw Clinic and House of Ruth typically have their own counselors call the Department of Human Resources (DHR) to give a brief description of a client's needs and the circumstances of the situation before the woman arrives. However, the DHR application procedure is time-consuming, and the abused client usually cannot expect to receive emergency funds for 45 days. The persons interviewed indicated that there is a need for emotional and marital counseling, education for the women on their legal rights, medical services, and counseling for children who are exposed to domestic violence. DHR does provide for medical expenses through the Medicaid group and occasionally will refer women to House of Ruth.

Protective Services

The Department of Social Services Bureau of Family Services program, funded through Title XX, includes protective service for adults and children. It is a 24-hour service which includes shelter, a hotline, and a vehicle to transport people to shelter. The facilities consist of a central office and nine decentralized centers which serve approximately 1,100 persons per month. Their referral system with House of Ruth works both ways. Since they can only accommodate people temporarily, they try to phase women into House of Ruth. Conversely, if House of Ruth is full, the bureau tries to provide shelter for the woman until there is room for her at House of Ruth. When their facilities are also full, they place women and children in hotels which have a contract with the city. Women are not charged for services, so funding is a problem, especially since Title XX monies are decreasing in the District due to a declining population. Of course, the private sector is able to operate programs without the restrictions of public agencies, so that a shrinking tax base and a person's eligibility for public assistance need not limit a program that is supported by private funds.

Child Care

Center City Community Center (4C's), part of the United Planning Organization which receives funds from United Way, provides a recreation and education program for children at House of Ruth Annex. Battered women can also use the center, which can provide food, welfare referral, and help in finding housing.

Two youth counselors have organized a weekday program of recreation, art, reading, and math for the children at House of Ruth Annex. They indicated that there was a need for more staff at the House of Ruth to provide counseling to the women and to coordinate medical checkups for the children. In addition, they saw a need for counseling the children, recommending that this be done by a big-brother or sister program.

Mental Health Services

The city's Department of Human Resources has an Emergency Mental Health Services program which provides counseling and makes referrals to House of Ruth as well as to legal, social, and housing services. The Andromeda Centro Hispano De Salud Mental (Hispano Mental Health Center) provides all services in Spanish and English. Approximately 25 percent of the total clients at Andromeda are battered women, and typically they ask for legal help. Referral is made to AYUDA, a local society for Spanish-speaking people. They do not typically make referrals to House of Ruth since it does not have a bilingual program.

Service Groups

A broad range of community, church, and business groups, including Soroptimists International and Church Women United, have assisted House of Ruth by making financial, food, and clothing donations, by helping to paint rooms, and by organizing potluck dinners. The Women's Resource Center of D.C. makes referrals to House of Ruth and helps in the recruitment of volunteers. The Prince George's County Commission on the Status of Women is working on opening a shelter, but currently they refer women to House of Ruth and provide transportation from the county to the Annex.

Summary

Numerous counselors, psychologists, and social workers freely have donated their time to assist the staff at House of Ruth, and the community's concern for homeless and battered women has been greatly encouraging. It is the opinion of those who work for the House of Ruth that by establishing a community-based shelter and conscientiously working to maintain a broad range of support, there is little possibility that shelter income will dry up or dissolve. Although the house periodically has been strapped for operating income, those instances are few. In addition, the built-in support mechanism provided by a community-based organization is obvious. Through the community's generosity House of Ruth has grown, just as the community has assumed responsibility for a community problem. By repeatedly reaching out to the community, House of Ruth educates the citizenry and encourages members to offer their goods and talents in solving problems.

Part III

Chapter 11

HUMAN COMPONENT OF SERVICE DELIVERY

As part of this survey a conference was held in June 1978 for the staffs of the eight representative programs, researchers, and government and minority representatives to discuss issues related to services for battered women. The conference participants were especially concerned about the people involved in service delivery to battered women. Unfortunately, the objectives of this study were not directly concerned with this human component, which is now recommended as an area for future study. The ideas presented in the following chapter are the opinions of conference participants, limited to certain fields of consideration, and are not based on comprehensive examination.

For purposes of organization, the discussion is divided into two parts. The first is concerned with recipients or users of services, and the second with providers of services. Although others also play a part in the battered women's movement, their roles were not reviewed in sufficient detail in this study to warrant inclusion here.

Recipients or Users of Services

Any woman is a potential recipient of services for battered women. Once battered does not mean always battered, nor is it true that battering will never occur again in a woman's life once battering has ceased. The children of battered women and the men who abuse women are also potential users of direct services.

Because human service resources are limited, it is not financially possible at this time to make services available to all potential users. In selecting target groups the following groups have been identified: women from ethnic and racial minorities, including multicultural and multilingual women; developmentally disabled and physically handicapped women; women who live below poverty levels; military women and wives of military men; rural women; and some middle class and professional women, including wives of professional men who are fearful of seeking help.

The needs of minority women deserve special consideration regarding both staffing and client population, including the need for multicultural/multilingual services. If the shelter staff is small and all language and cultural groups cannot be represented, volunteers can be recruited and other community resources used to provide help. In programs with Chicanos, service providers must understand that many recent Mexican immigrants who are undocumented workers believe that they cannot receive services because of their immigration status. Specialized services can be provided either by the shelters themselves or other appropriate agencies in the community which the shelter has assumed responsibility for contacting. Many times the children of recent immigrants are citizens who themselves are eligible for services.

In order to reduce the effect of cultural barriers which preclude women from seeking services, each shelter needs to be aware of the need for appropriate ethnic representation or a well-nurtured sensitivity on the part of the staff to cultural differences. Asian American or black women may shun a shelter if they perceive cultural barriers in the program. Many of the issues concerning Chicano, Mexican, and Asian women are the same, including language problems and fear of deportation.

Some battered women are Native Americans who live within reservation zones under specific jurisdiction of Federal law administered by the Bureau of Indian Affairs. Tribal councils which govern the reservation need to cooperate with the Bureau to establish services and shelters within their reservations, because women cannot be expected to leave to get services.

In discussing cultural factors in the delivery of services, it is important to emphasize, too, that economic and cultural discrimination often have contributed to the women's battering. Minority women participating in this study have indicated that the low employment rate among minority men has caused tension in many families. In addition, minority women who are beaten are often reluctant to call police or seek legal remedies because they suspect that minority men are treated more harshly than middle class, majority men. Thus, institutional discrimination and battering serve both to stimulate and keep minority women in violent relationships.

While there are no statistics on the incidence of violence in homosexual relationships, available data do show a high degree of violence in the American home. There is no reason to believe that intimate same-sex relationships are exempt. Although known

lesbian victims were housed in a Northern California shelter, at least one shelter in the Midwest has an established policy excluding them. The reason given is that space is limited, and women with children should be given priority. When asked if a lesbian mother with children would be turned away, the director stated that it had never occurred to her such a situation would exist. It is not known how many lesbians have received services or been turned away, but clearly this is an issue of concern.

At times shelters are deluged with requests for housing beyond their capacity and have to choose whom they will serve. Priorities based upon imminent danger or the need to house women with children are understandable, but discrimination on the basis of sexual orientation must be addressed by individual shelters. Just as service providers must be aware of multicultural backgrounds and multilingual needs of clients, so they need to become aware of sexual minorities and alternate lifestyles in their communities. Women's centers and gay organizations could provide resources for inservice training to help dispel the fears and misconceptions that staff may have about lesbians.

The developmentally and physically disabled comprise another group which most battered women's programs are not equipped to service. It is advisable that at least one staff person in every program has a rudimentary understanding of sign language so that a deaf victim has some chance to express her feelings to another person. Most shelters are not equipped with the ramps, wide doorways, special toilets, and kitchen facilities needed by persons confined to wheelchairs. Staff may require training to understand what levels of expectation are realistic for disabled persons and what are the means for providing appropriate services.

A second aspect of this issue is that the male may be disabled. Shelters participating in the present study have indicated that men who are mildly retarded or are confined to wheelchairs have been abusive. The Abused Women's Resource Closet in North Dakota notes that, in cases of abuse toward men, the men often are disabled.

There are relatively few resources for both men and women who are disabled and involved in violent relationships. The Abused Women's Resource Closet approached the Social Services Department for emergency shelter for disabled women under Title XX of the Social Security Act. The complicated and time-consuming endeavor ended with the Area Social Services Center taking emergency shelter care for adults out of their plan for the following year. An alternative plan tried by the program was to involve the Governor's Council on Human Resources and Developmental Disabilities in the monitoring of services to developmentally disabled abused women. Other possible resources are the HUD Community Development Block Program, which could provide grants to enable shelters to renovate for access by persons in wheelchairs; changes in eligibility for Title XX monies; and inservice training for shelter staff conducted by social service personnel and special educators.

Professional women are included in the target group because they face special problems in seeking services. Those who have been actively involved in the grassroots movement for helping battered women see themselves as role models for other women and feel embarrassed about seeking services for themselves, especially from their professional peers. Wives of professional men fear the collapse of their social world and of their credibility when they try to persuade others that they are being battered by professionals such as doctors, lawyers, and policemen.

Providers of Services

Providers of services to battered women may be divided into three groups. The first are community-based individuals who are committed to local control and building services from the ground up. The second are professionals in institutions who are committed to expanding existing services to accommodate the needs of battered women. A third are professionals working in the private sector to effect change and deliver services.

Values/Attitudes

Walker (1978c) has compiled guidelines concerning suggested values and attitudes for persons delivering services to battered women. These guidelines have been presented to an American Psychological Association group which is formulating ideas on new types of psychotherapy for women. According to Walker, all service deliverers must be kind, gentle, open, confrontive, positive, and encouraging, regardless of their role or value orientations.

Modeling

In the delivery of services, the process is as important as the product. Service deliverers must, therefore, exhibit cooperation with clients and other staff. It is crucial for these women who live in the isolation produced by violence to witness a collaborative process if they are to develop these skills themselves.

Turnover/Retention

The turnover rate for those working with battered women is quite high, as is the case in many alternative social service positions (Freudenberger, 1975). Such people have a need to recognize the limits of what they can do within their programs and budget their time proportionately. The staff persons who

work 60-80 hour weeks not only exhaust themselves, but also establish poor role models for clients. In two sites studied, retreats were planned for the staff. One shelter in Denver hires a skeleton staff one day per month, while the regular staff meets outside the facility.

Gender of Providers

Most shelters do not employ men to work directly with the battered women, although several programs have men working as administrators or with children and/or batterers. Concern has been expressed about the use of men as shelter staff. It has been brought to our attention that in one shelter which did not participate in this study, a man employed at a shelter intimidated the women and took sexual advantage of them. In most cases, however, the decision to hire women for staff and put them on program boards is to support a philosophical commitment to the empowerment of women and to facilitate effective counseling. The questionnaire revealed a low level of conflict with males on the staff, perhaps due to their small number. In fact, these men have prescribed roles to fill, such as providing a positive male model for children of battered women.

Students

In establishing a comprehensive direct service program, students can comprise a valuable pool of service providers. Many higher education training programs are now requiring that their students participate in practicums or internships in the community, and several shelter programs have made use of this source of assistance. Premed, medical, and nursing students can assist in health screening and classes on hygiene and health. Education students can participate in children's educational and recreational programs. Social work and psychology students can provide counseling, work on the hotlines, and do research. Law students under the auspices of a special clinical program of an accredited law school can provide legal advice in some States. Business students can conduct classes on accounting and fiscal management for the staff and on personal budget management for the clients. Journalism and communications students can assist in preparing public relations materials and newsletters.

Volunteers

As in the case with students, volunteers are an invaluable source of service providers. In fact, most programs were initiated by volunteer efforts and could not exist now without them. In every site studied the number of volunteers at least equaled and in most cases far surpassed the number of paid staff. Volunteers provided all levels of expertise—lay, paraprofessional, and professional. Some of their services included advocacy, transportation, child care, leading activities, providing safe homes, staffing hotlines, and offering legal advice.

Training

The wide variety of services currently provided by shelters and alternate programs requires preservice and inservice training programs for staff and volunteers. The complexity of problems faced by a battered woman and her children can be solved by a comprehensive approach enacted by informed helpers. Most of the sites studied described their staff training as an apprentice type. Inservice was a regular, usually weekly, part of these programs. The volunteer training programs ranged from the highly developed program at the Women's Support Shelter, where volunteers receive 18 hours of training and are party to volunteer contracts, to the Rainbow Retreat's job rotation system, to very informal orientations. A recent ACTION grant will fund a subcontract to CAABW to develop a training package to teach volunteers to provide followup and aftercare services in battered women's programs.

Conclusion/Summary

It is estimated that almost 2 million women in this nation are battered. A young, small, generally underfunded battered women's movement is attempting to respond to this need, but resources are limited. Due to this situation, priorities must be established in terms of who should receive services. Suggested target groups are ethnic and racial minorities, the physically and developmentally handicapped, the poor, military women, rural women, and some middle class and upper class women in special situations.

Providers of services to battered women typically are very dedicated, overworked women who serve as positive models to women in crisis. Important prerequisites for service providers are responsiveness, kindness, and a positive attitude. Listening and advocacy skills are critical. Because of the high turnover of service providers in the field, new approaches to training, mutual support, reinforcement, rest, and renewal need to be explored.

Chapter 12

DIRECT SERVICES

Those who would provide services for battered women must recognize that they are working with more than one type of behavior and, therefore, must respond with more than one alternative for change. To begin, battering behavior need not be seen as a medical model, with pathology or "bad behavior" on one side and nondisease on the other. Instead, it can be seen as part of a theoretical model which has an egalitarian relationship between men and women on one end of the continuum and a severe battering relationship on the other. If one analyzes relationships from this model, the focus is upon the need to deliver services to mitigate certain aspects of interpersonal relationships, rather than to cure illness.

Accordingly, it is not possible to design a single model of services which will meet the needs of all battered women because each one has a different orientation. Many women remain in battering relationships because they believe that permanent male-female relationships are the only way to live. For them, the family unit is more important than the individuals within it. Other women remain because of their emotional and/or financial dependence on the partner. The realities of these varying motives and needs demand alternatives for battered women seeking services. They also demand that service providers accept the fact that many battered women may select options other than those which their social workers think best for them. Although it is possible to establish programs which allow alternative responses to individual problems, there never will be one direct model of services for all battered women.

Safety

Safety is a primary service which most programs provide, either directly or by referral. A number of models are being used to provide safety, the first of which is the shelter. In 1971 Erin Pizzey opened a small refuge house in England called Chiswick Women's Aid, and the shelters, refuges, or safe houses that followed have become the cornerstone of treatment for battered women around the world. Most shelters are located in England and the United States, although many other countries have also established similar facilities. While the figures are constantly changing, this study identified 79 shelters in the United States and 95 in the British Isles. The largest program studied was a city-operated shelter program in New York that contained space for about 160 women and children. This shelter is located in a midtown hotel where paying guests continue to occupy other rooms. Nearly all existing shelters are much smaller than this, but many programs have arrangements to redirect an overflow of clients to other facilities. For example, the Family Crisis Shelter has an arrangement with a convent to accept women who would be appropriate for that kind of facility. Others have long waiting lists and are forced to turn away up to 40 percent of the women who call.

Another approach to providing safety for battered women is the development of a network of group and/or individual homes that are not shelters run by any particular group. "Safe homes" usually are provided by volunteers on an emergency basis for limited periods of time or are special apartments secured for this purpose. Funds may be available for emergency shelter in boarding houses, motels, and hotels. Some programs mentioned resistance to shelters and/or safe homes from neighbors who feared the possible intrusion of violent batterers.

Crisis Intervention

Crisis services range from walk-in clinics, to 24-hour hotline and counseling services, to frequently innovative techniques for helping the woman out of immediate danger. In crisis intervention, basic needs such as clothing, food, and emergency cash funds are met and emotional support is provided. Many programs have clothing banks and food donations and secure emergency funds from welfare.

While some hotlines operate only during working hours, funding for a single hotline number available on a 24-hour basis is recommended as a basic requirement for programs for battered women. Some programs make use of hotlines created for several purposes, while others feel they must have their own line. Either way, coordination of hotline services to battered women is a necessity, especially in a large urban area, as is training for all hotline volunteers. In addition, most programs offer telephone counseling for women who are unable or unwilling to come to the program. For example, at the Victims Information Bureau of Suffolk County (VIBS) on Long

Island, N.Y., women can call regularly or as needed and can talk to the same counselor each time. Several communities are considering hotlines for batterers to forestall violence.

Health Care

Most shelters do not provide medical services for the treatment of injuries suffered in a beating. Instead, women are referred to hospitals, health clinics, or private physicians for medical treatment. Within the shelter itself, however, there is a need for ongoing health care.

Crowded facilities can lead to unsanitary conditions and outbreaks of disease, so that health screening programs, classes in disease detection, and an insistence on good hygiene are important assets of shelter programs. One concern of service providers to battered women is the insensitivity of medical personnel regarding the need to provide special treatment for battered women. Many programs, as part of public education, are providing special training programs for hospital personnel. These programs need to be offered to doctors as well as support personnel in the medical community. In addition, special procedures for hospitals, such as tagging charts and photographically documenting injuries, have been recommended.

Counseling

Three types of counseling services are generally found in programs for battered women. The first, peer support, is based on interaction with other women. Participation in a peer support group frequently is required in programs for battered women. This therapy consists of talking, sharing, and communicating with other people, as well as learning to trust others. This interaction is very difficult to obtain in a one-to-one situation and usually comes best from participating in a group effort. Ex-battered women frequently are involved in peer group counseling as participants rather than leaders.

The second, lay counseling, is an extension of peer counseling. It often is done on a one-to-one basis and gives the women an opportunity to confide in and develop a close relationship with one other person. Many shelters and resource centers have volunteers and/or noncredentialed counselors providing this supportive service, which works well as long as experienced consultants are available as back-up personnel.

The third form of counseling is psychotherapy. Many battered women have no need for such services if they have good peer or lay counseling available to them, but some have severe psychological problems which can only be treated this way. A battered woman has a right to adequate psychotherapy from a qualified therapist when needed, although a major difficulty has been in locating such practitioners. A need exists for counselors and therapists to collaborate in exchanging information about the counseling needs of this group.

Most participants in this study felt that women should be the providers of all three types of counseling for battered women and that a feminist approach, which is therapy designed specifically to help women choose their own options while also advocating for women, should be used.

Related to the topic of psychotherapy is the decision of whether to seek Title XIX funds. Title XIX is the Medicaid program which in some States includes mental health services. Several shelters, however, have chosen not to accept Medicaid funds because they do not want to label battered women as mentally ill. Women's Support Shelter in Tacoma, Washington, has worked out a system which they feel does not compromise the woman's integrity. A description of the procedures used by the shelter for recordkeeping is presented in Chapter 4.

Legal Advice

Another direct need of battered women is legal advice. This service is provided by referral by most programs, using advocates to escort battered women through the criminal justice system. Legal services are required to prosecute assault cases; defend battered women who have either killed or severely assaulted their batterers; arbitrate child custody, visitation issues, divorce, or dissolution cases; and obtain temporary restraining orders. Shelters have experimented with hiring an attorney (Family Crisis Shelter) or paralegal aide (Bradley-Angle) who functions as a consultant both to deliver these legal services directly and to educate the women and the community about their legal rights. A word of caution, however, is appropriate regarding the use of paralegal personnel and packaged legal remedies. Many programs routinely advise women to obtain legal services such as restraining orders, disregarding the fact that distinctions must be made on a case-by-case basis regarding which legal alternatives are appropriate. Furthermore, any program using paralegal assistance should be certain to provide adequate preservice and inservice training of these legal counselors.

Children's Services

Living in a violent home is a form of child abuse which can cause severe damage that must be reversed

while the children are still young. Service providers need to develop specific methods for working with these children. The issues surrounding care for children of battering relationships involve the values underlying the approach to child care, actual needs and services, and knowledge gaps.

Conference participants indicated that nonviolence is one value that should be stressed in each shelter. No one in the shelter should be struck, even for major discipline infractions. This rule governs relationships between children, mothers and children, and all the women in the home. This disapproval of parental neglect and mistreatment of children is consistent with the goal of elimination of violence in the women's lives.

Service providers also must be aware of the interrelationship between the mother's own crisis and that of the children. It is important to assess her ability to care for her child without being judgmental. A shelter may have to address the children's needs separately from the mother's, depending upon her immediate crisis, as well as her previous child care abilities. Frequently, mothers need to find an alternative method for taking care of their children, which is difficult and expensive.

The second area of concern in child care is that cultural differences in child care and rearing practices be treated with respect and sensitivity and that general respect for children as people be demonstrated equally between boys and girls. Several programs offer parenting courses to help battered women improve their childrearing skills. Other necessary specialized services to children are counseling, education, and recreation. It must be recognized, too, that the needs of male and female children in shelters seem to be different. Many boys reportedly act out violent behaviors while in shelters, and these children must be shown alternative behavior through techniques such as providing positive male role models, counseling, and recreation. Children in shelters may be physically, developmentally, or psychologically disturbed and may need complex special services in a home or school. A referral system should be developed so that these needs can be met. The needs and behavior of older children are a concern of many programs, some of which have limited the upper age of children in their shelters.

Education for these children also is important. One approach is referral to schools and neighborhood agencies. In other cases, an inhouse program is provided because of the inadequacy of the education referral network in that particular community. Several shelters have hired men and women to coordinate children's programs. The few that have begun schools within the shelter generally limit the programs to preschoolers, although tutoring is provided in some programs. Education is viewed as a problem area by many programs. Although every shelter site studied accepted children, services to meet their needs varied widely. Further, nonshelter programs provide even fewer services for children than shelters. Another major concern in the education of these children regards the related issues of school transfer regulations and kidnapping by the batterer from schools.

It is also important to teach the children how to use community resources to develop support for themselves. Like their mothers, they need survival techniques and life mastery skills. If these children have the added burdens of having a different language and cultural background from the majority of their peers, their needs would best be met by a multilingual and multicultural approach in the delivery of services.

Employment

Unless a woman can be financially self-supporting, she probably will not believe she can survive on her own. Several programs, including Women's Haven in Fort Worth, Tex., have indicated that there is a high correlation between economic independence and leaving the battering relationship. Of all the services listed in the questionnaire, job counseling was reported as provided most frequently. Employment services are viewed by participants in this study as an area desperately in need of further development. This concern stems from the fact that many serious problems exist in finding employment for battered women. Some of these problems are:

(1) Women who have not been employed for some time may require job training and an improvement in self-concept before they can reenter the job market.
(2) Women who are employed when they enter a shelter may have to quit their jobs because batterers can easily find them at their place of work.
(3) A labeling problem may arise in cases in which employers know that their employees are battered. In cases where the woman is already employed, it is recommended that the battered woman choose whether or not to tell her employer. In cases where a shelter has arranged jobs or training opportunities, it is recommended that the woman be made fully aware that the fact that she is battered will be known at her job.

A comprehensive employment program includes job counseling, training, and placement, requiring

that shelters develop community resources and locate job opportunities. The local State employment service is an appropriate starting place. Women's advocacy and employment groups in the community should be identified and liaison relationships created. Regional officers in the Women's Bureau of the Department of Labor should be contacted. Inquiries should be made with service organizations, such as the Rotary and Kiwanis, to identify networks which a shelter can use. These actions are additionally desirable because it is to the advantage of a shelter to become a part of the political structure of the community. Relationships with community colleges and universities and the Department of Labor and the Vocational and Rehabilitation Service could also be explored.

The training component of an employment service for battered women should include academic education, such as basic reading, writing, and math skills; professional training; and self-education, such as self-defense, assertiveness training, and parent education classes. A second stage of job training involves developing the skill banks of women that use the shelter. This involves keeping records of each woman's employment history and career goals.

Wherever possible, use should be made of paid training spots and short term temporary employment that will provide valuable experience. Battered women need counseling in long term career development involving the necessary upgrading of skills and education to gain financial independence.

An important phase of job training and placement is followup after the woman has been placed on a job or in a training spot, particularly during the early critical phase. The need for child care for the working woman, scholarships for training, and provision of related services, such as clothes to wear for interviews, are other important considerations. Most programs have not had time to develop a comprehensive employment service, but those that have incur problems due to the short stay of most women in shelters, the overwhelming training needs of many battered women, and the lack of professionalism in career counseling.

Housing

Many programs assist the battered woman in establishing an independent household, and several others mention the need for this service. Most frequently, this service involves helping her locate a place to live after she leaves the shelter. Some programs have a three-stage housing process. The first phase is housing in the shelter. The second is living in a set of apartments or in a medium-sized house with other working ex-residents of the program. Second-stage housing provides both peer support and a gradual transition for the woman, who often is expected to continue in group therapy and/or peer counseling sessions. The program may charge a minimal fee to cover the cost of utilities, but does not charge rent so that the client can save her money to fix up her own apartment.

Third-stage housing is the final step in the woman's move to independence, although she may require help in finding an appropriately priced place to live and in furnishing it. This locating service was the one most frequently provided in the programs studied, only one of which provided second-stage housing (House of Ruth). In programs such as Women's Haven in Fort Worth, their excess of donated goods is used to help the women get started in their own residences. Many ex-residents of Women's Haven have formed their own group homes after leaving the shelter.

While most individuals in the United States do not have to wait on a list for housing, persons seeking subsidized housing often have to wait for as long as 2 years for the HUD Rent Subsidy Program. In addition, women whose batterers are in a high income bracket often do not qualify for the few programs that are available. Welfare regulations, which prevent the issuance of monies for rent, security deposits, and furniture, present another obstacle in the establishment of an independent household.

Referral Service/Advocacy

Any discussion of program referral services for battered women must start with the need for advocacy. Direct advocacy relates to client-related service delivery, while indirect advocacy relates to changing procedures, laws, and regulations that affect the delivery of service.

A system of direct advocacy involves the assignment of a person to escort the battered woman through the referral system. This is a much more efficient and helpful strategy than simply giving the woman a telephone contact because the system can be tremendously confusing and discouraging. Advocates in the direct approach can help women use a given system, teach them to use it on their own behalf, assess their perceptions of it, educate them about their options, contact other agencies to facilitate the processes required to get service delivery, assess other referral agencies, and assess the clients' needs on a case-by-case basis. Most programs provide direct advocacy, frequently by volunteers, especially in the areas of welfare, legal aid, employment, and health.

While direct advocacy is important, the responsibility of advocacy also involves modifying systems so that it is not so difficult to use them the next time

around. In establishing an advocacy program, it is important that a distinction be made between individual advocates who work on behalf of the clients and those who are working on changing the rules and regulations of an organization. This avoids the risk of having clients punished for attempts to affect change within a given service.

Advocacy must occur at crisis and systemic levels concurrently for either to be effective and at best involves dealing with previously identified empathetic individuals within a given system. A first step is know the regulations pertaining to the use of existing services. Second, identify rules, regulations, and practices that are hindering and/or preventing battered women from receiving adequate service. Third, identify effective mechanisms for changing the underlying attitudes that affect services to battered women. The need to know an agency's regulations is illustrated by an example from Women's Haven in Fort Worth. A worker in the food stamp office would not let women in the shelter receive food stamps because, according to him, women had to purchase, store, and prepare food individually in order to qualify for the program. A reading of the regulations by shelter staff indicated that the wording was that persons must purchase, store, *or* prepare food individually. This one small word made a great deal of difference for many battered women in the program.

The advocacy activities of the eight programs involved in this study involved both direct and indirect advocacy. Some employ the escort or direct advocacy approach, while the Women's Support Shelter, which emphasizes extensive education about advocacy methods, encourages a self-help model in actually dealing with the community. Indirect advocacy activities included community education and legislative reform.

Activities

Shelters report various recreational, cultural, and civic activities either at the shelter or other community agencies. The activities programs generally were organized by volunteers. Although not a primary service, these activities contribute to development of self-esteem and bring battered women out of the isolation they frequently have experienced.

Transportation

Another direct service, transportation, is often provided by volunteers. The logistics of getting battered women to the shelter initially and later to job interviews, legal proceedings, and welfare offices and their children to child care facilities are both vital and difficult.

Financial Aid

Battered women often leave home literally penniless and have great difficulty obtaining money from their batterers. Loan funds have been established at some programs as part of their crisis intervention service; others provide limited outright financial assistance.

Services for Batterers

There are two schools of thought in working with the batterer: one calls for criminal prosecution or use of other legal procedures against him to stop the battering; the other sees counseling or therapy as a more useful alternative. A unique pretrial diversion model for first offenders developed by the district attorney's office in Milwaukee, Wis., combines these two concepts. In this program, the batterer is given the choice of getting into a treatment program or facing prosecution. The original charge is held in abeyance, provided the batterer enters the counseling program. If he beats the woman again, he then has two charges against him.

The idea of shelters for men has been proposed by several service providers participating in this study. For one, such shelters would be less costly than those for women and children. Two, placing men in them would avoid further disruption in the lives of battered women and their children. Third, placing batterers in shelters would make it clear to society that men cannot initiate violence against women with impunity. One major drawback of this solution is that the man would know the woman's whereabouts, which could be dangerous for her. A second problem is figuring out how to get the batterer to the shelter and keep him there.

While it is believed that the woman is the primary client, auxiliary services for men can be provided under a comprehensive domestic violence program. In fact, most of the sites in this study provided at least referral services for batterers, and many provided onsite individual counseling for the batterer and couples counseling. Services for the batterer might include men's awareness groups, counseling of the batterer, hotlines, batterers anonymous groups, and alcohol treatment programs. Unfortunately, existing counseling programs for batterers report that relatively few men make use of the service. Furthermore, many attempts to provide counseling to the batterer are based on alcoholism or drug abuse treatment, which obscures the fact that the causes are

more complex and the treatment approaches should be more varied.

Services for batterers should be advertised through media, the distribution of pamphlets, and police provision of cards with the telephone numbers of men's counseling services. In establishing services for men, it is important not to use the battered woman as a bribe to induce the man's cooperative behavior. Batterers should not be permitted on shelter sites for services if they involve potential danger to the women. Men should be encouraged to develop peer counseling services and resource centers for batterers in much the same way women have developed support services for women victims. To decrease violence toward women, men must begin to discourage openly acts of violence among their peers.

Followup Services

Aftercare and followup services are directed at learning the woman's current situation and the effectiveness of the continuing support services. Only a few of the current programs have sufficient funding or staff to provide actual followup services. Family Crisis Shelter uses former residents to make home visits. The research component of the program includes followup interviews with former residents 4 to 6 months after departure. A couples' aftercare group meets for 8 months at Rainbow Retreat. WOMA has a followup employment program. While followup is currently a secondary service in the battered women's movement, it should get increasing attention as research and funding expand.

Minority Services

WOMA is a model program for battered women with multicultural problems which compound treatment approaches to battering. Staffs at Bradley-Angle House and Abused Women's Resource Closet have been racially integrated. The need for further staff integration and provisions of bilingual services was discussed by the participants in this study, and the resolve is that programs deal with these programs more aggressively.

Conclusion/Summary

In this chapter, both primary and secondary services have been discussed. According to conference participants, the primary services which are minimal requirements for a battered women's program are safety, crisis intervention, peer counseling, and child care. Following these, the participants add financial aid, employment, transportation, health, legal, and housing, with advocacy and referral services being the mechanisms which facilitate the delivery of all the other services. Secondary services, which are being expanded and refined in many programs, are transitional housing, activities, special services for racial minorities, services for batterers, and followup.

Another way to compare services for battered women is to classify them by the way they are delivered, that is, either directly or by referral. In most programs, safety, crisis intervention, counseling, child care, advocacy, transportation, and recreational activities were supplied directly. Most frequently, health, legal, employment, and housing services, aid for batterers, and financial aid were provided by referral.

Several important concerns were expressed in this chapter:

(1) The need for more emergency shelter so that services can be brought in line with incidence statistics;
(2) The need to sensitize professional personnel, especially in hospitals and courts, to the battered woman problem;
(3) The need to develop a closer relationship between lay and professional counselors dealing with battered women;
(4) The need for low cost legal aid;
(5) The need for multicultural/multilingual services;
(6) The need for better employment programs;
(7) The need for transitional housing; and
(8) The need for research on such concerns as the children of battering relationships and treatment methods for batterers.

In conclusion, those who provide services to battered women have learned that programs must be developed within the context of and using the resources of the communities they serve. Another realization, and still a controversial one, is that problems arise when battered women are considered in isolation, and that they must be served in relation not only to their families and their children, but also their batterers. Finally, this study of direct services for battered women concludes that there never will be one model of services to battered women because each program must be tailored to the unique needs of its particular clientele.

Chapter 13

SERVICE DELIVERY SYSTEMS

In the introduction to the study, a comprehensive model for service delivery was suggested which involved prevention, detection, service delivery, aftercare, and followup. Using this model as a framework, providers may be able to use this chapter as a "how to" guide for service delivery. As was true for the services themselves, no model suffices for service delivery systems. Systems must be designed in the context of communities, funds available, clientele, support groups, and other factors.

Prevention and Detection: Public Education

Participants in this study were aware that their efforts alone will not eliminate the battering of women in American society. Prevention of battering involves the revision of some basic attitudes and values among all levels of society. It includes the elimination of sex role conditioning and public education concerning issues such as the extent of wife beating, its status as a criminal offense, and the myths concerning battered women.

Public education efforts to reach battered women in communities might include:

(1) Local TV and radio spot announcements, movies and slide shows, newspapers, inserts in utility bills, etc;
(2) A national media campaign conducted with input and control from local groups, including minority groups;
(3) Distribution of crisis cards, brochures, and pamphlets describing the program services;
(4) Regional/State hotlines; and
(5) Revised telephone listings which more readily identify services to battered women.

Community agencies, clubs, and church groups should be provided with information about services so that they will be able to make needed referrals. The Women's Alliance Program (WOMA) stresses the need to utilize the existing media of community groups and to conduct a multilingual/multicultural outreach program.

Conference participants discussed a long-range approach to public education which would include designing curricula to eliminate sex role stereotyping, racism, and classism in society and to train future service providers, such as social work and medical students, to identify and work with battered women. The overall goal is to bring society's awareness to the point of recognizing, reducing, and interrupting the cycle of violence and the eventual elimination of violence as an acceptable pattern of behavior. Specific activities include:

(1) Contacting schools and school parent groups to educate children and parents about violence and resources in the community;
(2) Utilizing Title IX of the Education amendments for establishing programs in schools to educate students in the effects of sex role stereotyping;
(3) Designing curricula on sexism, racism, and classism for use in grades K-12;
(4) Creating a campaign to eliminate the profit obtained from the glorification of violence, victimization, and pornography; and
(5) Involving the State Civil Rights Commissions in the rights of battered women.

An example of a comprehensive education program is the bill recently passed by the Nebraska State Legislature which calls for a domestic violence curriculum for grades K-12, community awareness programs, voluntary advocacy and training programs, and police officer training.

Detection involves identifying women who are suffering physical abuse and putting them in touch with services. The need for training and sensitizing of professionals who work with battered women has been mentioned elsewhere. Detection and recognition include changing attitudes and procedures in institutions which are obscuring the significance of violent acts against women. Hilberman and Munson (1978) describe one reason why wife beating has remained obscure. They studied a sample of 120 women who were seen for psychiatric evaluation in a rural health clinic in North Carolina. One-half of these women had suffered quite extensive battering. Despite the fact that these 60 women had been known to the clinic over a period of time for medical care for themselves and their children, only four battering cases were recognized by the clinicians.

Service Delivery System

A service delivery system involves such components as location, funds, administration, direct services, procedures, and community relationships.

Establishment

One of the findings of this study is that a group or even an individual concerned about a problem can produce change. Many shelters and other programs for battered women were, in fact, the results of small but dedicated advocate groups or individuals involved in volunteer efforts. Although the first stage involved women and women's groups, the support base during the second stage generally included public agencies and many private professionals. The duration of the planning period at this stage varied, but those programs which took a long time for planning produced better community interaction than those which had a short initiation period. Whatever their evolution, all the programs depend on strong community interaction.

A final point related to program origination is a recommendation from conference participants that efforts to encourage and support programs initiated and run by battered women themselves should be increased. The results of a recent study of 11 DHEW demonstration child abuse projects indicate that Parents Anonymous, a lay service self-help model, was more effective and less costly than the federally funded demonstration projects (Child Protection Report, 1978). Obviously, these results may be applicable to programs for battered women, too, and comparison of the cost effectiveness of these two approaches is a suggested area of research. It is also recommended that technical assistance be provided by the Federal government or granting agencies to help beginning groups obtain funding.

Location

In considering the location for the program, several models are possible, with a self-sufficient shelter on one end of the continuum and sole reliance on existing community agencies on the other. Programs are located in a variety of settings, some in women's centers which are already geared to meet women's needs and have the advantage of not segregating those who are battered. In New York City, a system of burough crisis centers has been located in municipal hospitals throughout the city. Courts also provide settings for crisis centers such as the Family Abuse Project, operated by the Henry Street Settlement and located in the Manhattan Family Court. Some crisis centers even offer services while attempting to develop shelter programs. Unfortunately, providing service delivery systems for battered women without providing emergency housing facilities may give the false impression that basic survival services do exist. It is recommended, therefore, that all service delivery systems include a shelter component, either directly or by referral.

In locating a place for a shelter, program organizers have made use of the unused residential facilities of community organizations such as YWCA's, the Salvation Army, alcoholism programs, religious groups, nursing homes, and hospitals. Consideration should be given to local zoning requirements and to the receptivity of the neighborhood to the shelter's establishment. One program, Shelter Our Sisters (SOS) in New Jersey was started by the director in her home. She was harassed and accused of violating zoning ordinances in her suburban community, partly because she was housing minority women there. In order to maintain and expand the shelter, alliances were formed with sympathetic political leaders. Coalitions also were formed with other interested groups, and in conjunction with the battered women, they attended and demonstrated at crucial hearings and meetings. As a result of these efforts, the SOS program has been accepted in the community. But had the coalition-building been done prior to establishment of the shelter, the problems might have been avoided.

Shelter facilities themselves will vary greatly, but general guidelines are suggested, based on the experience of study participants. First is the need for privacy for residents; second, the need for a homelike atmosphere; and third, the desirability of recreation space for children. One example of a unique facility satisfying at least some of these requirements is Haven House in California, in which two-person cottages are arranged in a group, with separate child care facilities.

Administration

In developing the administrative structure of service delivery programs, 143 of the 163 survey respondents had some type of board whose purpose was to involve the community with the program and to make policy decisions. Some of these boards served more than one program. For example, the YWCA board of Tacoma served as the board for the Women's Support Shelter, and the board of the two cosponsors (Community Action Program and Mental Health Association) shared that function for the Abused Women's Resource Closet in Bismarck. Decisionmaking generally followed traditional hierarchical lines of authority between board and staff. A noteworthy aspect of the programs surveyed and the sites studied was the involvement of the residents, or consumers of services, in the decision-making process.

Client involvement is an important consideration in the administration of programs. Ex-residents, as

well as friends and relatives of battered women, should be considered for staff and board positions. Ex-residents also can contribute to the delivery of services by forming support groups after leaving a shelter. Particular efforts should be made to recruit residents as representatives on local program boards and on any State or Federal advisory boards. Participants in this study have indicated that more than half of the membership of all boards should be comprised of service providers from battered women's programs and ex-battered women to insure responsiveness to the needs of the clients.

FUNDING

There are three primary sources of funds for battered women's programs—the government, private donations, and client fees. The major sources of Federal support at this time are CETA, LEAA, and Social Security programs. Technical assistance in obtaining government funding via a vehicle such as a national clearinghouse of information on battered women is recommended. Identified needs for technical assistance include:

(1) Clarifying paperwork and administrative requirements of funding sources;
(2) Determining information about which grants are available and how and where to apply, and sharing knowledge about the informal political process for obtaining grants;
(3) Assigning a liaison person in Federal agencies to route programs to appropriate personnel information;
(4) Describing clearly the programs, policies, and organization of relevant Federal agencies; and
(5) Exchanging information on how to set up shelters, establish a research evaluation program, and work through bureaucratic red tape in local public agencies.

Programs for battered women which have been self-supporting often are confronted with difficult decisions when they consider applying for government funds. The first is that their program name and target population may have to be changed. Programs designed specifically for women may have to be expanded to spouse abuse or domestic violence to satisfy government guidelines concerning sex discrimination. Conference participants expressed concern that this shift in focus away from the battered women might mean a shift to the use of professionals to work with families. The question of eligibility also arises, and the types of services offered and the population to whom they will be delivered may have to be changed with the advent of funding. For example, funding from an alcoholism program may restrict services to alcohol-related group techniques and be available only for families of alcoholics. Program evaluation must be considered because methods of evaluation designed to provide feedback to the program may not be adequate for a government funding source. Additionally, some government funding will not be ongoing, but rather will come for research and demonstration (R&D) grants only. Recipients of these grants may be required to quantify their impact and to conduct cost effectiveness studies. (For a description of the differences between ongoing support and R&D funds and a listing of government programs related to battered women's programs, see the Appendix.)

Community Interaction

While many new shelter programs offer comprehensive and innovative services, they typically cannot meet the total needs of battered women. They are dependent upon the police, the courts, hospitals, social service agencies, and various Federal programs which provide housing, financial assistance, employment, and other services needed by battered women. New programs must coordinate with existing services.

The appropriate question is whether another new bureaucracy is necessary to deal with battered women. Since the 1960's, the issue of accessibility, responsiveness, and coordination of service agencies and community institutions has surfaced repeatedly in attempting to meet newly recognized social problems in the United States. Previous efforts to fund special programs for newly identified needs in traditional social service settings have been unsuccessful because of resistance to change in professional methodology, negative attitudes toward the client population, and lack of relevant knowledge and skills. A thorough ongoing analysis is needed to determine how resources can be channeled directly to self-help groups and grassroots organizations. The central issue is, therefore, how to make community agencies more accessible and responsive. The following approaches have been tried:

(1) Training programs. Task forces and coalitions have provided educational programs for staff of community agencies and institutions. WOMA has created a model police training film as part of its efforts in this area.
(2) Agency liaison system. In some programs, staff members are assigned to deal with particular agencies, and specific personnel in the agencies are identified to work with the program. This approach is developed particularly well in the Bradley-Angle House program. Program liaisons assist battered women

through the referral process and at the same time educate individuals within agencies to the problems of these clients.

(3) Legal and legislative action. In some communities, legislation has passed to alter the regulations and practices of community agencies so that battered women can get the protection and services they need. Class action lawsuits have not had significant impact on police or court personnel.

(4) Separate services. Rather than try to work within or alter the existing community services, another approach is to set up those services within the battered women's programs. Funds have been obtained by some programs to provide legal, employment, and educational services onsite. Volunteer help also is helpful in this approach.

Obtaining needed resources and services from existing agencies and institutions is costly, and the success of these efforts may depend in part on the size of the community. In smaller communities and rural areas where women's groups are active and where there is some informal contact among personnel from the police, the criminal justice system, and social service agencies, some degree of success has been achieved in coordinating services and making them more accessible. In larger urban areas where bureaucracies are more complex and rigid, the problem continues to be a very difficult one. In testimony before the New York State Hearings on Battered Women in April 1977, Yolanda Bako, a staff member at Women's Survival Space in Brooklyn, commented:

> Emergency aid to families does not exist unless staff members personally escort each woman to our local legislator to get the service that is legally her right but cannot be obtained without staff intervention in every single case. Our administration functions have been totally overwhelmed by the need for individual attention as we go through the morass of bureaucracy with each battered woman. . .our[efforts]. . .have been stymied at every level because of the overwhelming proportions of the problem and the fact that all our city agency hookups are not following through on even the small amount that they are legally required to do. (p. 4).

Police

Some community groups have established and maintained very good relationships with the police departments, although others have not been so fortunate. The police are an important aspect of service delivery because they are charged with the responsibility for keeping the peace and providing safety for the population. Participants in this study indicated a need for police commitment to domestic violence cases nationwide, not just in isolated communities in which the battered women's movement has initiated contact with the police. An example of a situation in which a shelter is helping to train the police is Bradley-Angle House, whose staff is working with legal aid and the police in training officers to enforce a new law regarding domestic violence and in monitoring the degree to which enforcement is occurring.

It is the opinion of the authors that the reporting of a wife abuse case should not be mandatory as is the case in child abuse. The decision should be that of the battered woman. An example of an appropriate law is an Oregon statute which stipulates that police must arrest a batterer *unless* the victim specifically requests that he not be arrested. However, one reason it is difficult to ascertain the number of cases of wife beating is that police reports differ in the categorization of disturbance calls. The difficulty would be remedied if wife battering were included as a specific category in a uniform system for police reporting. The Maryland State Legislature has recently passed a resolution requiring uniform reporting of domestic violence cases, which will simplify the collection of statewide statistics. Perhaps this will serve to point out the need for a uniform nationwide reporting system.

As a result of a recent class action suit in New York, police are now required to arrest the batterer in felonious assault cases. If the assault is not serious, the police have the option not to arrest, but must assist a battered woman in leaving the premises and provide protection while she gathers her belongings. Also, the police must take her to medical help if needed. If the husband disappears, the police must try to find him, as they would any other suspect. In Arvada, Colo., the Department of Human Resources has recruited volunteers within the community to assist women in removing their belongings while the husband is out. The Department provides a truck, secures police protection, and helps the woman find another place to live.

Legal/Judicial

Specific needs emerge in regard to legal services for battered women. First, legal clinics are needed to serve women without regard to their income, as legal aid currently is available only to persons below a certain income level. No sliding scale exists to accommodate women who are above the poverty level but cannot afford a private attorney. Legal aid also excludes women who are married to affluent men, even if they do not have access to their husbands' money. The legal clinic system proposed by some participants

in this study would not only deal with civil, criminal, and administrative law, but also would serve as an advocate for the woman within the legal system. Where necessary, multilingual services should be available. Direct advocacy would consist of clinic staff providing emotional support to the woman as she works through the court system, as well as sensitizing the prosecutor to issues concerning battered women. Advocacy for the woman would be particularly important in cases where a woman has used violence as a means of extricating herself from an intolerable battering situation. A special Legal Center for Battered Women located within the Legal Assistance Foundation of Chicago should be studied to determine whether it can serve as a model for future legal clinics.

Information exchange is a pressing need related to legal services. Several attorneys in this study indicated a need for a national information network for attorneys interested in battered women's cases. Not only do attorneys need to learn about court cases in the various States, but they also want information on housing and funding for destitute clients, child abuse and neglect issues, and the issue of child custody and support when parents live in two different States. No such system exists on a national basis, although Marjory Fields at Brooklyn Legal Services Corporation, Marge Gates at the Center for Women Policy Studies in Washington, D.C., and Chris Arguedas of the newly established Women's Self Defense Project at the Center for Constitutional Rights in New York City, serve as an informal national information network to those who call them. There is also a related need to survey State legislation related to battered women.

Education is the next major service gap identified by attorneys in this study. Law schools must begin to incorporate women's issues into required basic law courses. For example, the family law course should not consist solely of common law concepts of divorce, but should include references to battered women and procedures they can use within the legal system. In addition to educating law students, there is a need to educate all attorneys in effective representation and advocacy in the civil, criminal, and administrative areas as they relate to battered women. Judges also must be educated with regard to the seriousness of the battering cases that come before them. Perhaps 1 in 100 complaints ever reaches the courtroom, and in most, the court uses the judicial process to attempt to conciliate rather than to adjudicate, according to Deputy Chief James Bannon of the Detroit Police Department.

Participants in the present study have also expressed the need to eliminate sexism in the legal/judicial system. Specifically, they cited the need for a program to discover and eliminate sexism in juries. Several attorneys who have been working for battered women have indicated that while more women judges and attorneys are needed, what is most required is a thorough analysis of the patriarchal nature of the legal system and education.

All the attorneys surveyed in this study felt that legislative reform is needed in order to make changes within the legal system. The following specific suggestions for reform are presented, with the reservation that in some States these proposals would be redundant or would negate current laws which are effective and beneficial for battered women:

(1) Sexism should be a justification for judicial recall or disqualification of judges.
(2) The kidnapping clause of the Uniform Child Custody Jurisdiction Act, S.1437, should not be applied before a custody decision has been made.
(3) Criteria should be established for prosecution of family violence based on evidence used for other crimes.
(4) Restraining orders should be extended to include former and current cohabitants.
(5) Restraining orders should be filed on computers for ready access by law enforcement agencies.
(6) Victim restitution should be available for spouses not cohabiting at the time of violence.
(7) With regard to child support:
  (a) payroll deduction orders should begin with original support orders;
  (b) retroactive support orders should be dated back to the initial filing of petition; and
  (c) when child support is $1,000 in arrears, there should be mandatory sequestration of property.
(8) Conditional bonds should be issued in criminal cases upon release of the batterer from incarceration. Such a criminal restraining order would provide a more effective method of protection than a civil restraining order.

Social Services

For the purposes of this discussion, the term "social services" includes all government-sponsored social and welfare services. Several State and local social service departments provide assistance in the form of welfare payments, food stamps, medical coupons, emergency shelter if the woman has children, and referral.

Some shelters report that women who are on welfare are more likely to leave their batterer than women who are not, probably because they had an assured income. Women who are dependent upon a male for support cannot count on that income, par-

ticularly if eligibility is based on family income. One potentially valuable source of funds for sheltering battered women, Title XX of the Social Security Act, is presently providing funds to specific categories of recipients, such as abused children.

Some social service departments have expressed an interest in serving as an umbrella agency for battered women's programs within their States. According to this model, the agency would receive monies from the Federal government and provide overall administration for individual battered women's programs. The rationale for this service delivery model is that it would streamline administrative costs and facilitate cooperation among battered women's programs, as well as between these programs and other State services. When asked their opinions about this service delivery model, however, participants in this study expressed reservations about creating another bureaucracy. The general reaction was that less money should be spent on administrative models and more on demonstrating direct service methods with the programs. Nonetheless, the several recommendations that were received focused on assuring that grassroots and minority women who had themselves been clients or staff of battered women's programs be part of the planning and administration of any such umbrella agency.

Health and Mental Health Professions

In order to make health facilities more readily accessible to battered women, participants recommended that services and outreach efforts be provided multilingually, using paid interpreters when necessary. It was also recommended that the health professions, and community mental health centers in particular, take a more active role in serving battered women. One suggestion was that community mental health centers appoint an ombudsperson to serve as an advocate within the center to effect change and intervene in individual cases as needed. In addition, it was recommended that battered women should be given priority in the use of mental health resources due to their life-endangering situations.

Identification of battered women is another major concern in the health area. As indicated previously, health professionals often do not identify battered women because the women do not offer this information and even deny that they have been abused when asked. Many physicians and nurses then abandon questioning even when the injuries do not match the woman's story. Interview techniques and checklists, such as those designed for the detection of child abuse, need to be devised for spouse abuse and used in intake at hospitals, health clinics, and mental health centers. This is an extremely important project, since detection is a crucial step in any comprehensive model for service delivery. Additionally, hospitals should have social workers available at all times. When a battered woman enters, the social workers should offer current referral information to the battered woman routinely, rather than waiting for her to ask for it.

Education of the health professionals is the final area of need. Physicians and nurses need retraining to identify battered women, avoid using psychotropic drugs to solve the women's problems, treat the whole person, and make use of or refer to alternative forms of healing. Mental health personnel need retraining in the identification of battered women since the traditional mental health approach to battered women has been to label them as disturbed, thus blaming the victim for her plight. Universities and professional schools should be involved in educating future health and mental health professionals in recognizing the battered woman, heightening sensitivity to her special needs, and creating a resource bank for referrals. Finally, schools should be preparing mental health workers to work with battered women and batterers in nontraditional settings such as shelters and men's resource centers.

Military

In the majority of cases, military women and the wives of men in the military do not have access to shelter facilities. The only help that has been available to them has been the base hospital, the social worker, or the chaplain, and these sources have not had specific services for battered women. Consequently, provision of services to these women has been available only through the private sector. Surgeon General William P. Arentzen of the Navy and Marine Medical Facilities has ordered the facilities under his control to provide care to victims of spouse abuse or their dependents by arranging shelter or appropriate referral services. As a result, shelter for battered women has been established at Fort Campbell, Ky.

This recent Naval/Marine program, instituted to provide more comprehensive services to battered women, includes the maintenance of a registry on wife abuse. No identifying information is entered into the registry, but detailed records are kept on the place, date, type of incident; type of injury; involvement of weapons, drugs, or alcohol; number of children in the family; whether the batterer had recently returned from sea duty; and a narrative describing the incident. Other efforts of the military include the Army's training of social workers in methods of intervention in domestic violence cases and Naval research on the family being conducted at the Naval Health Research Center in San Diego, Calif.

Participants in this study have suggested further activities that the Department of Defense should enact. These include informing military women and dependents of military men of their rights and of the services available to them, training military police to provide protection to battered wives and to make appropriate referrals, training more social workers to provide interventions in domestic violence cases, and paying battered women's expenses if they must leave a military base and return to their homes.

Foreign brides of American military men are especially vulnerable to abuse. Often they are unfamiliar with the customs of the U.S. culture and unaware of their rights. In addition, they may have difficulty with English, not know how to use our social services, and have no family or friends to assist them in a crisis situation. Several groups would like the Department of Defense to distribute a brochure to wives entering the United States which would alert them in their own languages to cultural differences, their rights, and the existence of resources.

Procedures

In designing a service delivery system, at least brief mention should be made of the need to consider procedures. Security procedures relating to the whereabouts of shelters and admittance of the batterer should be studied. Housekeeping was done by residents in many programs, but, in some, staff were hired for this purpose to free the women to participate in the rest of the program. Length of stay also varied, with some programs allowing only short stays and others unlimited stays. Facility size, available funds, and other factors can affect such a policy. A flexible, resident option policy is recommended when possible. Recordkeeping procedures also varied in the programs studied, ranging from policies against any more than minimal recordkeeping as an invasion of privacy to elaborate systems involving screening interviews, intake reports, client profiles, and followup interviews. Frequency of reporting is a related issue which often is specified by funding agencies.

Aftercare/Followup

The long term aftercare needs of battered women must be considered on the basis of whether they leave or remain in the battering relationship. Thus, it must be noted that a fairly substantial number of battered women leave programs and return to violent marriages. Battered women programs must create options so that the woman's choice is a real one. For one, the unit of attention has to be broadened to include services to the husband, the children, and the total family. Despite the resolve to make their marriages work, attention must be given to the isolation and potential danger these women face. In addition to access to hotlines, some innovative services are emerging. For example, VIBS has support groups run by trained paraprofessionals in which the women are taught some specific ways of protecting themselves, such as telling at least one neighbor about their situation and preparing a physical plan of escape in case violence erupts. When husbands agree to come in, the professional staff provide family counseling. The agency reports virtually no incidents of violence once men have entered the program. In Great Britain, Chiswick Women's Aid has started a program of home visits to families in the evenings to provide couples counseling. The approach is concrete, goal oriented, and conducted by paraprofessionals (Earle, 1977).

If, however, the woman decides to live outside of marriage, a system of public supports is needed which involves changes in national policies and Federal administrative regulations. There is a need for additional publicly subsidized and/or low cost housing units of sufficient variety to meet the needs of the single woman, the single-parent family, and women sharing space with other women. In Great Britain second-stage shelters are being established which offer communal living arrangements and emotional support after the crisis stage. Another example is a full employment program with opportunities for alternative work schedules.

Universal child care programs and financial support programs such as displaced homemaker legislation to compensate women for work in the home are needed. Use should be made of the Reciprocal Child Support Act of 1972 to obtain child support payments from a man in a different State. A variety of facilities are needed on the local level as well. Neighborbood support groups could be identified for women in geographically accessible mental health centers, headstart programs, and other community facilities, in addition to shelters and crisis centers.

Special Problems: Rural Programs

The battered woman in a rural area experiences many of the same difficulties of a woman in an urban area, but she also has some unique problems. First, the likelihood of her suffering geographical and social isolation is great. This situation is compounded by a lack of anonymity if she does seek help. In some rural areas there is no training at all for police, much less specific training in domestic violence. Judges, who are responsible for signing warrants to enforce restraining orders, often are difficult to reach. Some judges cover several counties and are unavailable most of the time, and the resulting delay makes it difficult for sheriffs and police to enforce restraining orders or to take any

kind of criminal action. Similarly, mental health facilities and counseling are not available in most small towns, since the small caseload would not justify opening a center or practice. Some centrally located mental health centers have set up satellite clinics in churches and schools that offer counseling once a month, but the few counselors are typically inexperienced in methods of working with battered women and batterers.

Legal aid is nonexistent in most rural areas. Where it does exist, it is restricted to those citizens living in the county in which it is found.

There are few jobs for which a woman can apply in a rural town. Furthermore, the findings of the Nebraska Task Force on Battered Women indicate that most rural women have worked only on the farm or in the house and have no marketable skills. Many of the jobs available to them do not pay enough to support themselves and their children. The situation is even worse for the wives of professionals in rural communities. These towns desperately need physicians, police officers, and lawyers, and must keep those who already live there. These men generally are revered and are immune to the social pressures attendant with alcoholism, drug abuse, or child or spouse abuse.

Furthermore, in many rural areas there are no shelters, and often the only alternatives to staying in the violent home are jail (for protection) or the homes of relatives or friends, who may be frightened about the prospect of taking in someone who has a violent husband.

Nebraska is one State which has paid considerable attention to the problem. A statewide network of local task forces on domestic violence was formed to provide education on the issue in individual communities, to conduct interviews with service providers, and to act as advocates for victims. Advocates in the Nebraska task forces have provided assistance by riding with the police, finding emergency housing, counseling the victim and helping her explore her alternatives, and setting up appointments and accompanying her to the county attorney, judge, or welfare office. In areas where medical facilities are lacking, advocates work with people trained in emergency medical services. The task force in one rural area has formed a therapy group to relieve an overburdened mental health counselor. Task force volunteers do many hours of community education and spend time on fundraising and followup, as well as coordinating such resources as Al-Anon, Community Action, or the mental health associations.

The State Task Force on Domestic Violence and the Domestic Violence Project under the Nebraska Commission on the Status of Women provided an organization and a mechanism for communication between local task forces. Two meetings were held each year, with specialized workshops and activities geared to sharing experiences of the local task forces. A newsletter was sent out to the local organizations. In addition, project staff kept the legislative body aware of the issue of domestic violence, activities which culminated in the passage of the comprehensive Protection from Domestic Violence Act in March of 1978. Since then, the Domestic Violence Project has been disbanded by the State government after accomplishing its task and demonstrating to other rural States that great strides can be made with adequate organization.

Several of the problems cited for rural areas also exist in Appalachia and in urban sections of the Southeast and Southwest. This similarity is particularly strong regarding the conservative attitudes and the lack of shelters, although creative solutions to these problems exist in some States. For example, the West Virginia Department of Welfare has recognized the need for housing and taken the lead in locating shelter and other support services for battered wives. Victims who have left their husbands can obtain emergency funds and are immediately eligible for welfare.

Special Problems: Class/Race Segregation

Another issue is the need for outreach to minority battered women and recruitment of minority women as staff members. While all minority women are not necessarily in a low income bracket, they are more disadvantaged in obtaining housing, jobs, and other benefits which, in turn, further confines them to violent homes.

There are some indications, at least in New York City, that a two-tier system of services is developing. The publicly supported programs are now used primarily by poor women since welfare eligibility is a requirement. Middle class women who do not want to consider applying for public assistance do not enter shelters. This suggests that segregation of services by class and race may occur as it does in the health system and other public programs (Borg, 1977; Knowles, 1977). Consequently, should public funding for battered women's programs become available nationally, eligibility requirements which disqualify women whose husbands are in a high income bracket will have to be modified if segregation in services is to be eliminated.

Summary

As stated in the introduction and at the beginning of this chapter, a comprehensive service delivery

system is dependent on many factors such as community relationships, local attitudes, allocation of resources and characteristics of the target population. It is therefore essential that each program be designed and evaluated in this context.

Chapter 14

PROGRAM EVALUATION

An Evaluation Strategy

One of the findings of this study is that shelter and services for battered women are developed long after the need for them arises. Then, when programs finally are operational, they generally are underfunded, understaffed, and held together only by the dedication of the staff and their conviction that the work they do is important and valuable. With resources frequently inadequate to provide even the most basic direct services needed, refinements such as information systems or cost accounting systems must receive lower priority. As a result, programs serving battered women have not been adequately evaluated to uncover the relationship between services offered and anticipated results.

The investigation of such areas as the source, number, and composition of the client population; the content, extent, or intensity of the services provided; the unit or aggregate cost of services; the effectiveness or efficiency of programs; and future trends evident from available information can be exceedingly useful for planning future programs and operating present ones. While little information of this sort exists, these data are readily available when there is an adequately conceived and financially supported evaluation component.

The following proposed evaluation strategy contains five steps: designing an evaluation, writing project objectives, collecting data, analyzing data, and interpreting data.

Step 1: Designing the Evaluation

A complete understanding of the project is necessary to design the evaluation. The design must include a listing of the project inputs, the project activities, and the anticipated results. Inputs for a program include all the resources needed to deliver services, including equipment, staff, and clients. The clients may include battered women, battering men, and/or children from a battering relationship. An evaluation design must also include a listing of available and proposed project activities, including both direct and indirect services offered to any and all clients. Finally, it is necessary to itemize all anticipated results of the project. At this point, the actual content of the results is not under examination.

After the inputs, activities, and results of the project are listed in a 3-column chart, the evaluator must formulate the "project logic," the series of linkages between the three. Each set of linkages specifies what inputs will be necessary in order for a set of activities to bring about certain results.

The following are examples of project logic:

- If a woman who has been terminated from Family Crisis Shelter attends a weekly support group, she will be less likely to return to a battering relationship.
- If a woman takes a course in financial planning and money management at the House of Ruth, she will be able to become financially independent.
- If a battered woman receives crisis counseling at the Women's Support Shelter, she will be able to relate her battering experiences to a group of peers.
- If a woman is sheltered in the multiethnic WOMA program, she will become less racist, sexist, and classist.
- If a battered woman in Bradley-Angle House is allowed to set her own goals, she will reach those goals.
- If the staff of the Abused Women's Resource Closet has had experience in being physically battered, they will be better advocates for battered women.
- If CEASE can become part of the social service or mental health systems, its chances for future funding will increase.
- If a family receives arbitration from Rainbow Retreat after a domestic violence call, future acts of violence will decrease.

Step 2: Writing Project Objectives

Project objectives refer to criteria that can be used to measure the degree to which the project has achieved success. As such, objectives are usually statements concerning project results. Exceptions involve strictly quantitative objectives, such as caseload levels or number of clients served by a certain type of activity.

If a project focuses solely on measuring the degree to which services are provided, it is impossible to

establish the effectiveness of project activities. For example, the purpose of providing shelter is to increase the safety of battered women and their children. The purpose of job counseling is to increase the economic independence of the battered woman. Recreational activities are to improve the mental and physical health of the battered women's children. Such statements, linking activities and inputs to results, are the yardstick against which a project can measure the accuracy of the project logic. If the activities are not producing the intended outcomes, they should be altered or replaced.

Since there is an infinite number of results which a project for battered women can hope to achieve, any listing will be incomplete. The following is an attempt to present the goals of a typical treatment program:

Immediate Goals

To provide safety from the batterer;

To obtain emergency medical care;

To allow the woman to describe the battering incident(s).

Short Term Goals

To solve the following problems involved in establishing oneself independently: housing, economic, legal, educational, employment, social, and attitudinal;

To establish a more egalitarian marriage;

To allow for the stability of the children of the battering relationship in the areas of education, physical well-being, wholesome attitudes, and health.

To decrease the use of violence within the family.

Long Term Goals

Related to domestic violence:

To stop the battering incidents;

To provide safety for all battered women;

To decrease both the incidence of spouse abuse and the number of deaths resulting from it;

To curtail domestic violence within succeeding generations of a family.

Related to criminal justice:

To increase police effectiveness in response to domestic violence calls;

To train police in crisis intervention methods;

To increase the number of arrests by police in domestic violence cases;

To provide legal assistance for women who want to prosecute the batterer;

To provide rehabilitation for the batterer.

Related to the community:

To increase the range of services available for battered women;

To document the incidence of wife abuse;

To increase awareness of the family violence problem;

To develop support for the project;

To establish the treatment program as a permanent resource.

Although this listing is extensive, the objectives chosen by an individual project will depend on its unique focus. Realistic objectives should be outlined in the early years of a project. In general, immediate results are the easiest to obtain, followed by short term and long term goals. The longer the time period needed to effect a result, the greater is the chance that an outside force will interfere. For example, a shelter may be able to guarantee immediate safety but it cannot insure that the woman will never be battered again.

Objectives should be judged in terms of the degree to which they are obtainable. Because the measures currently used to evaluate program success are either variable or do not yet exist, a technology to standardize these measures must be developed. This technology should begin with the projects themselves as they establish techniques for collecting, analyzing, and interpreting data concerning effectiveness and efficiency.

Step 3: Collecting the Data

The sources available to the evaluator for data collection are limited both by the evaluator's imagination and the project resources. As with any social program, the records and files of the project will contain most of the required data. Daily routine, however, is often not recorded in the project files, so this information must be gathered from project staff and clients.

Certain existing data bases can be used in the evaluation of a treatment program. Statistics gathered by the police or from general social surveys on the extent of wife battering, the percent of incidents reported to the police, the recidivism rate for batterers, and the probability that the wife will return to the battering situation can be useful baseline information. Battered women's programs should not rely completely on outside agencies for evaluation purposes as built-in variables may bias the results.

Regardless of the availability and usefulness of project staff and clients, data bases, and general social surveys, project records will continue to be the main source of evaluation data. Using the listing of

project inputs, activities, and results, the evaluator should construct forms to record all relevant elements. The person who completes the form should be trained to record accurate and timely information, the job should be monitored closely by the evaluator, and forms should be revised whenever necessary.

When a project is underfunded and understaffed, it is impossible to require detailed data collection from the staff. In fact, the major cause of failure in the evaluation of treatment programs for battered women is the lack of staff to manage the information system. If there is not sufficient time to record the data completely and accurately, program evaluation is impossible. In addition, the data collection system must guarantee the project client's confidentiality. This legal and ethical issue must be resolved fully before starting a program.

Step 4: Analyzing the Data

Data analysis is the measurement of relationships among input, activities, and results. Because all projects do not gather the same data, there can be no uniform method of data analysis. As more projects develop an evaluation component, it will be possible to establish common collecting requirements. Until that time, three factors should govern data analysis.

First, the data should be accurate. Because computer misprints, typographical errors, and mistakes in computations frequently occur at this stage of evaluation, there should be extensive and frequent checks for accuracy. Second, the data should be presented in an understandable format, keeping in mind the eventual audience. Third, data anaylsis should be more extensive than the presentation of a table with figures. The determination of relationships among input, activities, and results is a continuous process for the evaluator.

Step 5: Interpreting the Data

An important aspect of data interpretation is determining causal relationships. Although the project may be an extremely significant element in a battered woman's life, she is also part of a larger world which subjects her to other external influences.

It is important to assess the degree to which project achievements were, in fact, a function of project activities. Any alternative explanations for the results should be presented, and, if possible, these alternatives should be governed by their own research design.

Evaluation reports should be written clearly and concisely, keeping in mind the expertise of the reader and the needs of the decisionmakers. A reliable and readable report which interprets the data fairly and accurately will be a major factor in future decisions concerning the project.

Conclusions

Evaluation of wife battering programs is in the most elementary stage. It is necessary to ask more questions and get more answers. The following specific recommendations include also the recommendation that such projects be appropriately funded:

(1) Development of a standard evaluation methodology to be used by projects serving battered women;
(2) Initiation or expansion of evaluation components of existing programs to determine what services are most effective in assisting battered women. Future projects should be funded at a level which makes evaluation feasible. The suggested level is 5 percent above what is needed for service delivery;
(3) Dissemination of information on appropriate evaluation methodologies to project personnel.

The results of individual project and national evaluation efforts will aid in exploring such timely questions as the following: Which treatment modalities have the most impact on the victims of batterings and their batterers, and what is their cost effectiveness? What kinds of organizational structures are the most effective for implementing treatment? What are the needs of women who have been battered, and which needs can be most adequately served by residential and nonresidential programs? What are the unique needs of children in a battering situation? What management and information systems would be most efficient for these projects? What results can be expected from the variety of services?

Chapter 15

RESEARCH

The dearth of basic information about battered women and their families is apparent from the review of the literature in Chapter 1. The need to gather more data in a systematic and controlled manner has been acknowledged by almost all who participated in this study. Disagreement and confusion exist, however, over what should be asked and who should ask it. Research is, consequently, the most divisive issue today among those who are working in the area of domestic violence. Some of the reasons for the controversy are clear and reasonable; others are more emotionally based. It is important to be aware of these reasons in order to direct future research.

Conflict Area #1: Conceptualization

Conceptualization of the problem of battering has been a prime area for error in research. The "masochistic woman" image, which the battered women's movement has spent so much time refuting, originated from poorly conceived psychiatric research. For example, less than 15 years ago Snell, Rosenwald, and Robey (1964) suggested that beatings are solicited by women who suffer from negative personality characteristics. "Good wives" were taught that the only way to stop these assaults was to look at their own behavior and change it to please men, i.e., to be less provocative, less aggressive, and less frigid. Nowhere in that study was it suggested that battered women might be provocative because they could not stand the tension of waiting for the next attack, that this aggression might be a self-defense mechanism, or that they seem frigid because sex is unappealing with men who might as easily abuse as arouse them. In this way, insensitive researchers have helped place the blame upon the battered women, and the violent behavior of the males has been perpetuated without being understood.

Conflict Area #2: Sampling Errors

Sampling techniques in previous research also have been inaccurate. Because battered women come from every walk of life, demographic data should be collected to indicate this diversity. Too many researchers collect data on just one type of battered woman and attempt to generalize from it. Gelles' (1974) work is an example. Using police files to locate his sample, he went on to describe behavioral characteristics and build theoretical constructs, never acknowledging that this was a limited group. Yet Walker's (1976) preliminary data indicate that only 10 percent of her population had ever called the police. Furthermore, recent Law Enforcement Assistance Administration studies show that there is a lack of uniformity in the way police report domestic disputes, so these statistics must be interpreted with caution.

Further examination of sampling reveals that most battered women who come to the attention of existing agencies have characteristics in common with other battered women seen at these agencies, but not with battered women in general. Research which samples women from the general public, from private service givers, as well as from such agencies, reflect the truer heterogeneity of battered women for social class, ethnic and racial balance, job skills, educational level, and other strengths.

Conflict Area #3: Exploitation of Subjects and Programs

Exploitation of research subjects is another area for criticism. Battered women have been manipulated and misled by researchers, who often feel the need to disguise their hypotheses in order to avoid contamination of their results. All experimenters have learned the lessons of the Hawthorne Effect, in which participation in a study can significantly change a person's behavior. A real dilemma thus is created with a researcher's need to manipulate variables on one side and the subject's need for honesty on the other. This problem can be overcome if researchers are sensitive to the issue and willing to work around it. For example, in a recently funded NIMH study of battered women (Walker, 1976), subjects were neither told the hypotheses nor given false information. A related matter is that of financial compensation for study participants. Walker's research proposal included funds for the payment of a reasonable wage to women who are interviewed. Roy (1977) collected data from subjects who were receiving shelter in a program. While participation was less voluntary, subjects were receiving something in exchange for their cooperation. Bat-

tered women's programs themselves could be reimbursed for participation in research conducted by the government, private individuals, or universities.

Conflict Area #4: Methodology

The desire for research with clean, tight methodological designs is another area of conflict for researchers and almost an impossibility in researching battered women. One of the main characteristics of a violent home is that there are complex, multilevel interactions that naturally occur, and it is not possible to hold some constant while measuring the effects of others. One can, however, use more sophisticated statistical techniques to help untangle the interactions between the variables. This approach, calling for nontraditional experimental designs, has met with skepticism from government funding agencies. Data should be collected through a variety of flexible designs. Longitudinal studies which observe and collect information from the same persons over a long period of time, cross-sectional studies which measure the information from many persons at different chronological points in their lives, and epidemiological studies which sample the entire population are all essential so that reliability and accuracy are being checked constantly. Now that battered women are talking about their experiences, there is a base upon which to judge the sameness, uniqueness, or contradictory nature of new data. Service providers and researchers are learning informally about battered women who choose to remain hidden. If the estimate that 9 out of 10 rape victims keep silent applies to battered women as well, then clearly the present knowledge base is just a beginning. This is a compelling argument for nonservice-connected basic research in addition to program-connected data analysis.

Conflict Area #5: Funds for Research vs. Services

Those surveyed in this study were fearful that money would be diverted away from desperately needed shelters or battered women's services to research. They believe they can better use the money to save lives now, rather than spend it on research that may or may not be helpful in the future.

Service providers would most likely be supportive of research designed with their input and funded by sources that did not compete with their programs for funds. (For a description of the various government agencies involved in funding research and/or services for battered women, see Appendix C.) Without the understanding and cooperation of both researchers and service providers, future data will be subject to the same inaccuracies contained in current literature.

Conflict Area #6: Researchers' Attitudes and Gender

Those surveyed in this study also expressed distrust of professional researchers as political people. They did not subscribe to the maxim that science needs to be advanced for its own end, but placed higher priority on influencing public policy to raise the level of funding for programs. Social science data collection projects have always run the risk of misinterpretation by both friends and foes of the public policy defined by some research projects. One needs only to remember the controversy set off by Jensen (1969) when he published his findings on genetic differences in intelligence between black and white children. Besides the serious methodological criticisms of his study, he was also criticized for not realizing that his findings might result in an immediate change in public policy—a cut in the funding of compensatory education programs for poor black children.

A similar example is Steinmetz's (1977) research on violence in the family. Steinmetz reported that 4 men out of a sample of 60 were beaten, and created public furor over estimates that there were 12 million battered men in the U.S. One immediate result of this sensationalized error was withdrawal of public funds from a proposed shelter for battered women in Chicago (Pleck, et al, 1978). Needless to say, the credibility of other researchers was put in jeopardy by this kind of action. Given the current low level of funding for services to battered women and their families, not to mention the current taxpayers' revolt, it seems reasonable to expect that battered women's services will not be able to expand unless there is a change in public policy. This can only be accomplished if the researchers are politically aware.

Another complaint about researchers is a dislike for their personal values. Researchers are not as scientifically objective in practice as in theory, and those who do not leave their offices may be insensitive in this area. More women need to be encouraged to become researchers and then supported once they make that career choice. A consensus of those participating in this project suggested that the government provide technical assistance to grassroots battered women's groups in the areas of grant writing and research methodology. Testimony presented by Walker (1978d) to the Congressional Committee on Science and Technology's Domestic and International Scientific Planning, Analysis and Cooperation Subcommittee's (DISPAC) special hearings on research into violent behavior calls for new training money from the government to encourage more women to become researchers. Naturally, female researchers will not necessarily be in touch with grassroots women's issues, but an in-

crease in their number will at least partially help to balance the scale in favor of women's issues.

New Directions for Research

Despite these conflict areas, the study participants feel new methods of research must be encouraged. Simple laboratory tests and neat experimental designs will not satisfy the needs in domestic violence research, and experimental and control groups which match on every variable cannot be found. This fact should not be a deterrent, but rather a stimulus for creativity. Naturalistic research has been found to be an adequate substitute for the laboratory (Willems and Raush, 1969). Newer statistical methods of analysis can compensate for inadequate designs. Funding agencies and their peer review committees must be encouraged to reflect this newer emphasis in social science research. Women researchers and feminist research, which looks at data from the women's point of view, must be supported.

Representative Research Projects

Despite the negative feelings expressed by those who participated in this study, most agreed research was needed to answer important questions. In fact, several researchers reported details of current studies as positive examples of meaningful research, and the following four research projects were chosen as representative: (1) systematic analysis of data collected from battered women who used shelter services, as reported by Maria Roy (1977), Abused Women's Aid in Crisis (AWAIC), New York City; (2) a statewide needs assessment for use in legislative and public policy change, as reported by Karen Waller, Nebraska State Commission on the Status of Women; (3) the use of the structured interview as a technique for data collection from battered women in England and Scotland, as reported by Rebecca and Russell Dobash, University of Stirling, Scotland; and (4) negotiation of a nontraditional research design with a governmental funding agency, as reported by Lenore Walker, Colorado Women's College, Denver.

(1) AWAIC, New York City

Maria Roy reported on the systematic analysis of data collected from battered women who used shelter services at AWAIC. A survey-type design reflected the dynamics of the women rather than measurement of details. Thus, they began a data bank documenting demographics of the women who called and came in to use their services. This flexible trial and error method resulted in several revisions of procedure and questions to be asked. For a period of a year, approximately 1,000 women were surveyed, 150 of whom were randomly selected for data analysis. Information on the causative and interactional factors which women reported as associated with their beatings was collected and analyzed, revealing that wife abuse crosses all socioeconomic lines and lasts from a few days to 25 years.

Parental histories ranged from unremarkable to child abuse coupled with the battering of the mother. Frequency of last known abuse ranged from once in 3 months to twice a day. The degree of assault ranged from verbal abuse to assault with a deadly weapon. The onset of battering most frequently occurred during the immediate and early part of the relationship, with a first peak of violence between 2.5 and 5.0 years, a second peak between 7.5 and 15 years, and a gradual dissipation after 15 years. Relationships tended to last either under 7 years or over 13 years. The two main reasons reported for staying in the relationship were hope that the batterer would reform and lack of shelter outside the home. Roy stated that other programs had found similar trends and suggested that it was time to focus future research on gathering different types of information.

(2) Statewide Needs Assessment, Nebraska

The second research model was a statewide needs survey and its use in legislative and public policy change conducted by Karen Waller for the Nebraska State Commission on Women. The project, funded through CETA, was established to teach the community about the crime of spouse abuse by presenting medical, legal, sociological, and psychological factors pertaining to the abuse situation; to develop and coordinate the formation of local task forces and develop local community programs; and to collect statistical information on the occurrence of spouse abuse so as to publish a comprehensive guide for the victims of domestic violence. The third goal is truly the most research oriented, but the first two were considered to be essential components of program development.

The research component area of the project instituted a major documentation of the incidence of domestic disturbance calls reported by law enforcement agencies throughout the State. In addition, hospitals, educators, agencies in local communities, and the general populace were involved in the data collection. A search of books and articles in various publications was conducted to provide information. A "Woman in Crisis" questionnaire was developed to assist communities in determining what level of assistance was available in their own areas. It was especially gratifying that the data collection phase resulted in sensitizing previously unresponsive agencies to the special problems that face a battered woman in a rural

State such as Nebraska. Accordingly, the research process had educational value as well as advocacy function.

An unstated reason for conducting this study was to enhance the awareness of State politicians to the plight of battered women. The project culminated successfully with the passage of very comprehensive legislation that was initially authorized by the project staff.

(3) Structured Interview, Great Britain

The third model of research was conducted by Rebecca Dobash and Russell Dobash (1978), sociologists on the faculty at the University of Stirling in Scotland. Early in the battered women's movement in Britain, the Dobashes felt that they needed to leave the university setting and go into the refuges established by the National Women's Aid Federation to collect their data. Field research such as this often requires methods that are different from the typical laboratory study which involves neat experimental and control groups, simple one-variable manipulation, and a retest for observable changes. They felt, instead, that the most important data were the battered women's own stories, told in the context of a well conceptualized interview. They eliminated the traditional idea of developing abstract measures of theories and concentrated on understanding the issue and placing it within the context of society. A major goal was to determine how individual violent relationships develop between the men and women, and then how society's institutions cope with this violence.

Rather than first developing a structured questionnaire, they spent the first year simply talking to battered women, women who worked in refuges, social workers, police, and others in agencies to see what they had to say about the problem. From these early contacts the Dobashes developed a structured interview format. Through the contacts they made during the initial pilot phase, they were accepted by the National Women's Aid Federation and given permission to enter refuges to interview their women. The interview lasted from 2 to 48 hours, depending on how long the woman wanted to talk. A conversational style, with the woman setting the pace, was used, but specific information was collected from all. Nonviolent and violent aspects of their relationships were queried, and the pieces of information gathered were then analyzed by computer. Definitions of violence were carefully constructed as they went along. Previous research (Straus, Gelles, and Steinmetz, in press) categorized violent acts in discrete intervals, but the Dobashes believe that violent behavior cannot be put into incremental steps. For example, it is not possible to say that a bite is one step worse than a slap. Their categorization is, therefore, based upon the effect of the violence on the woman and avoids the problems of forcing data into statistical increments.

The Dobashes' research yielded understanding about the importance of domestic violence in maintaining the patriarchy found in most societies today. They found a strong incidence of possession and control of the wife through the use of violence, data which are similar to those of researchers in the United States. Battered women were isolated, suffered from shame and guilt, and were assaulted around issues of family finances, sexual jealousy and possessiveness, child care, and domestic work. The women felt they could not turn to family, friends, or society's institutions for help. The Dobashes (1976a) added a historical perspective to their data collection by placing current behavior and attitudes toward violence within the context of laws and moral order originally promulgated by the church and perpetuated by the State until the late 19th century when the laws of chastisement were finally struck down.

Their conclusion is that we socialize our children to domestic violence by the very structure of current Western society. Until sexism and patriarchy are eliminated, battered women will continue to exist. They maintain that traditional reforms in counseling, medical, and other professional groups will not be as effective as the refuge movement which has sprung from a grassroots community base both here and in Great Britain.

(4) Federally Funded Nontraditional Research Design

The fourth model of research is a project funded by the National Institute of Mental Health to study the characteristics of 400 battered women in the Rocky Mountain area. The principal investigator is psychologist Lenore Walker; psychologist Margie Leidig and sociologist Joyce Nielsen are part of the research team. Since this project began on July 1, 1978, and data analysis will not be completed for 2 years, it seems appropriate to present this as a model for the process of securing government funding for a nontraditional yet basic research design.

The process of securing government funds for research requires expertise in grant writing, hypotheses formulation, evaluation techniques, and project planning. Grants are awarded on a competitive basis and there are many more applicants than recipients, so applicants should familiarize themselves with funding sources through the assistance of consultants and elected officials, as well as the use of grant directories, the *Federal Register,* and the *Catalog of Federal Domestic Assistance.* Once an appropriate institu-

tion has been identified and a research proposal conceptualized, the applicant should use whatever technical assistance the granting institution is able to offer. Under the Freedom of Information Act, successfully funded Federal research proposals may be requested from the funding agency itself. Reviewing previously accepted proposals may be useful in developing a format.

Walker reported that the funding agency may make considerable changes in the grant, as was the case with her proposal. Although her study did not meet traditional standards, negotiated compromises resulted in a product that was mutually satisfactory.

Sample selection was an important issue in the proposed study. Since the women were not getting any service in return for their cooperation, it was decided to compensate them directly for their participation, a procedure which encouraged voluntary participation. Another important issue was sensitivity to cultural norms in all measurements and interviews in the study. Project staff will reflect multicultural diversity when possible.

There are many risks to subjects participating in a research program, one of which is maintaining their anonymity and confidentiality. Accordingly, only volunteer subjects are to be used. While this procedure will result in a loss of some potential subjects who might have participated if direct referrals from other agencies were accepted, this method was considered unacceptable because of the potential risk of tracing records.

The traditional experimental design of comparing a violent with a nonviolent sample also was rejected. Rather, comparisons will be made through the use of some measures which already have been standardized and have norms for women separately and for women and men together. The clinical measures were carefully selected, choosing only those which had a minimum effect for sexism and psychiatric bias. Thus, the information collected will not lend itself easily to misinterpretation, although it is acknowledged that it is the researchers' responsibility to insure that this does not happen. Furthermore, the typical definitions of battering were replaced by those which have more face validity, according to a pilot study and other reported research. For this study, then, battering behavior is defined as physical or psychological abuse by a man against a woman with whom he has an intimate, romantic relationship; and battering relationships fall on a continuum which is delineated by egalitarianism on one end and physical and psychological abuse on the other end. This continuum has been substituted for the previously accepted model of pathology in which violent behavior was thought to fall.

Information Gaps for Future Research

Future studies into domestic violence should be conducted within a broad research perspective to determine more accurately the fundamental causes of domestic violence and to better use research findings in the treatment and ultimate prevention of domestic violence. Despite reservations about some of the research on battered women to date and the concerns about who should be doing this research, many participants in this study did acknowledge the need for research on certain issues. The general consensus was that only research which will result in better service delivery should be conducted. For example, a study on institutional attitudes toward battered women would only be helpful if it resulted in positive changes in attitudes, or at least indicated how those changes might be effected.

The research needs expressed by participants covered the areas of successful treatment, counseling, and service models for victims and abusers. Suggested research questions within this category include:

(1) What modes/methods of counseling are most effective in terms of empowering the victim to take charge of her life?
(2) What methods are effective in rehabilitating the batterer?
(3) What marital counseling methods are effective in eliminating battering?
(4) Why does a woman return to a battering relationship? How can this be prevented?
(5) How do different organizational structures influence and affect service delivery to battered women?
(6) What is the impact of various community agencies on service delivery to battered women?
(7) How does a shelter program compare to alternative forms of service delivery?
(8) How do battered women's programs compare with public agencies?

A second category of needs is for basic research pertaining to family violence. Research questions in this area include:

(1) What are the clinical descriptions of victims of domestic violence?
(2) What are the clinical descriptions of batterers?
(3) What are the psychological consequences of living in a violent home?
(4) What, if any, are the mental health needs of victims of domestic violence?

(5) How does living in the stress of violence affect physical health, such as the progression of hypertension and heart disease?
(6) Do hormones released by the body during stress, particularly in violent episodes, cause further physiological or psychological damage?

Another broad area of concern is the effect of sex role stereotyping on the incidence and treatment of domestic violence. The following questions have been suggested for study:

(1) How does sex role stereotyping in childrearing affect or influence the extent or acceptance of domestic violence?
(2) To what extent does sex role stereotyping in institutions affect service delivery to battered women?
(3) What factors (economic, societal, psychological, attitudinal) influence the power relationship between men and women?

Related to the concern of sex role stereotyping is the issue of sexual harassment and exploitation of women. Many service providers have expressed the need to clarify the relationship among all forms of victimization of women. Sample research questions on this topic include:

(1) What effects do pornography and traditional media attitudes about women have on battering?
(2) What is the relationship between sexual abuse, including sexual harassment, and battering?

Closely tied to the above questions are the following:

(1) What is the relationship between sexual deviance/dysfunction in the male and battering?
(2) What is the relationship between incest and battering?

A broad area requiring investigation is that of sociocultural influences on battering. Several types of questions fall into this category:

(1) How are racism and sexism related to battering?
(2) In what ways can intervention be provided to ethnic groups while respecting cultural attitudes?
(3) What are common forms of racism/sexism/classism that members of the majorities (white, middle class, urban) fall into when providing services to ethnic groups?
(4) In what ways do racism and classism contribute to wife abuse? (Example: Low employment rates may cause tension in a family and eventually lead to battering.)
(5) What is the relationship between experiencing or witnessing violence as a child and subsequent violence?
(6) What is the relationship of military training/service to battering?
(7) What is the relationship between previous criminal records and battering?
(8) What is the impact of a battered women's program on the orientation of community agencies and vice versa?
(9) How do different communities compare on battering prevalence rates? (This could be investigated by correlating the prevalence of battering with unemployment rates, job availability, housing market, rent structures, etc.)

Another area of consideration is the relationship between substance abuse and battering. There are many important questions to be answered on this topic:

(1) What is the relationship between substance abuse and battering? It is important to determine whether the substance abuse is used in some cases as an excuse for the battering rather than being a direct cause of it.
(2) To what extent does battering result in the victim's abuse of drugs and alcohol? Specific attention should be paid to physicians' routine prescriptions of tranquilizers to women who are tense as a result of being battered.
(3) To what extent do treatment programs for substance abuse contribute to battering? (Example: Aversive conditioning and detoxification programs can be very frustrating and may escalate the violence.)

A final need identified was for a comparison of grassroots women's groups and professional agencies in the evolution of services to battered women. It appears that programs which evolve from strong women's advocate groups with minimal professional involvement are different from programs which evolve from existing professional networks. The results varied from self-sufficient programs providing comprehensive services with minimal agency involvement to programs located within, and totally dependent on agency services. In general, programs which evolved from professional agencies emphasized a short term, service-by-referral approach,

while grassroots women's advocate programs emphasized a comprehensive approach typically involving nonhierarchical structure, peer counseling, and formerly battered women.

Conclusions

In reconsidering the issues facing researchers, care should be taken to conceptualize questions which are sensitive to the needs of battered women and service providers. Another important point is that adequate samples should be secured; in those cases in which sampling is unrepresentative, results should be interpreted with caution. In formulating research projects, there should be an awareness of minority women's issues, the potential danger of exploitation of subjects and programs, and the possibility of misinterpretation of data which may result in damage to programs. Distrust of professional researchers has been warranted in many cases. However, there is an opportunity for grassroots and other service providers to learn from each other and to collaborate in the planning and conducting of research designs. There is a need for government agencies to provide technical assistance to grassroots groups in order to train them in research methodology.

Research can and should be a useful tool for the battered women's movement. Perhaps the greatest challenge of battered women's programs is to uncover the deep-rooted societal values and restrictions which have permitted violence against women. In the process, research will contribute to society's awareness of the status of women.

Part IV

Chapter 16

CONCLUSIONS

Results of this survey suggest some conclusions concerning the delivery of services to battered women.

No national, systematic planning effort is guiding the development of programs for battered women; rather, local initiative is the impetus. It was determined that services for battered women should be studied in the context of the particular community and should be designed to reflect that community. It is interesting to note that groups which originally insisted on establishing separate, isolated programs for battered women ultimately became involved in community interaction and cooperation. The evolutionary patterns in many programs demonstrated the need for expanding and strengthening linkages, first among support groups and secondly among existing community services. Particularly important in all programs was the establishment of a cooperative arrangement with the police. Also identified was the need for more effective interaction between feminists and women's advocate groups so that the differing philosophies of these groups on political and administrative issues would not prevent cooperation on behalf of battered women. The women's movement has done much to bring the battered women problem to national attention, and coalitions within this movement need to keep this issue in the forefront.

Participants in the survey felt the need to involve women in the administration of programs at all levels to insure that the special needs of women are paramount in the continued development of services. The question of whether men should be involved in the battered women's movement is controversial. Participants in this survey did, however, show strong sentiment against men providing one-to-one service to battered women or staffing shelters. They felt that men may more suitably serve as service providers to children of battered women and to batterers. A continuing concern in the survey was the need for more minority involvement in the administration of programs.

Services for battered women have been discussed here in terms of their necessity, either primary or secondary, and the method of their delivery, either direct or by referral. A strong referral service, with a direct advocate component was considered necessary. However, shelter was identified as the most critical service. The survey and site visits demonstrated that some programs emphasize short term emergency housing while others are committed to long term housing coupled with extensive emotional, legal, and job services. Social service agencies such as adult or child protective services are able to provide little more than emergency housing. Typically, those programs which are committed to long term intervention have a grassroots orientation and a nonhierarchical administrative structure.

Public education was another major concern of the survey participants. Service providers recognize that they alone cannot solve the battered women problem. The need to train and sensitize professionals was discussed throughout the study. Grassroots service deliverers evidenced distrust of professionals, fearing loss of power, understanding, and control of the issues. The consensus was that the only long range solution to the battered women problem is the elimination of both sex role stereotyping and the acceptability of violent behavior patterns in human interaction.

Concerning funding priorities, participants felt that any available new funds are most needed for direct services for battered women. Strong sentiment was expressed in favor of channeling funds directly to battered women's programs and against diffusing them through existing bureaucracies.

Evaluation components need to be included in all programs for battered women so that in the future solutions are not based on guesswork. Documented information concerning battered women, sorely lacking now, needs to be available to future service providers.

Service providers in this survey expressed concern about the future of this young movement in America. Certain aspects of contemporary society may prove detrimental to the productive growth of services to battered women. For example, historically the American social welfare system has dealt with social problems in a piecemeal manner, resisting overall planning and resulting in fragmentation and duplication of services. Additionally, in these times of economic uncertainty and scarcity of resources, competition among groups and programs further obstructs a cooperative, coordinated effort. In attempting to plan for future services to battered women, service providers must be aware of such forces and strive for comprehensive, coordinated solutions.

Appendices

APPENDIX A

State Representation in National Survey

State	*No. of Programs*	*No. of Respondents*
Alabama	0	0
Alaska	1	1
Arizona	8	5
Arkansas	3	2
California	82	25
Colorado	20	9
Connecticut	10	5
Delaware	4	3
District of Columbia	4	3
Florida	20	7
Georgia	6	2
Hawaii	2	0
Idaho	2	1
Illinois	21	8
Indiana	9	4
Iowa	5	3
Kansas	6	3
Kentucky	4	2
Louisiana	6	2
Maine	5	1
Maryland	19	7
Massachusetts	22	6
Michigan	29	11
Minnesota	10	7
Mississippi	3	0
Missouri	8	2
Montana	6	3
Nebraska	4	0
Nevada	4	2
New Hampshire	2	0
New Jersey	30	9
New Mexico	7	4
New York	39	9
North Carolina	5	0
North Dakota	5	2
Ohio	19	6
Oklahoma	3	3
Oregon	20	12
Pennsylvania	32	6
Rhode Island	3	2
South Carolina	4	1
South Dakota	4	3
Tennessee	6	4
Texas	7	3
Utah	0	0
Vermont	4	3
Virginia	4	3
Washington	26	11
West Virginia	1	1
Wisconsin	13	6
Wyoming	2	1

APPENDIX B

Questionnaire

SERVICES TO BATTERED WOMEN STUDY

The U.S. Department of Health, Education, and Welfare is sponsoring a nationwide study of services to battered women. With this questionnaire, we invite you to participate in the study to help us identify all existing models of service.

This will not be an evaluation of your program.

Our findings will be incomplete should even a small program not be represented in our study. Those who deliver services often feel the time required to complete questionnaires might be better spent on more immediate concerns. Accordingly, we have designed the questionnaire for rapid response to the minimal number of questions necessary for our study.

We will appreciate your director being responsible for overall completion of the questionnaire. If different persons complete different sections, please indicate their names and extensions at the ends of those sections.

We ask that you provide information for the time period beginning January 1, 1977 AND ENDING DECEMBER 31, 1977. If you have been in operation less than a year, please report on the length of time you have been in existence.

We will appreciate your answering our questions in NUMBERS of persons falling into each category (unless percentages are requested). If exact figures are unavailable, please give us your best estimate.

For this study "battered woman" is defined as A WOMAN WHO IS REPEATEDLY SUBJECTED TO FORCEFUL PHYSICAL INJURY BY A MAN TO WHOM SHE IS MARRIED OR WITH WHOM SHE IS HAVING AN INTIMATE RELATIONSHIP. Cases of child or parent abuse are not included in this definition of "battered woman."

Based on the results of the survey, we will select eight programs which are representative of different service orientations. These programs and their communities will be studied by project site visitors in April. Representatives of the eight programs will be invited to a June workshop in Denver to participate in developing a research and demonstration methodology for future programs for battered women.

PLEASE RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED BY *MARCH 13, 1978,* when we will begin to review the responses. Those received later than March 24, 1978 will be included in the data analysis but cannot be considered for selection as representative programs.

If you provide counseling, referral and other services to battered women, but do not have a shelter, please complete pertinent parts of the questionnaire. The information will be extremely useful, and your program may be selected as a representative program.

If, however, *you do not provide any services specifically for battered women,* please indicate your name and address, and check "no" on question #1, and return the questionnaire as soon as possible.

We appreciate your efforts on the questionnaire and thank you for your cooperation.

THE COLORADO ASSOCIATION FOR AID TO BATTERED WOMEN
SERVICES TO BATTERED WOMEN PROJECT

Name of program or agency: _____

Address: _____ (street) _____ (city)

_____ (county) _____ (state) _____ (zip)

Do you wish to keep your address confidential? _____ (yes) _____ (no)

Phone #: (_____) _____ (area code)

Director: _____ ext. _____

Facility

	YES or NO
1. Do you provide any services for battered women?	
2. Do you have a shelter/refuge?	
3. a. Do you have an alternative service to a refuge?	
b. IF YES, describe: _____	
4. How long have you been in operation?	
5. What is the total number of women you served between January 1, 1977 and December 31, 1977?	

6. What is the number you housed during that period? _____

7. What is the number you served on a nonresidential basis? _____

8. Do you need to comply with any of the following licenses?

Zoning	_____
Fire	_____
Health	_____
Building	_____
Rooming House	_____
Day Care	_____
Protective Services	_____
Hotel	_____
Hospital Accreditation	_____
Residential Child Care	_____
Group Home	_____
Residential Care	_____

Other (SPECIFY): _____

9. Do you have any of the following security measures?

Guards	_____
Alarm System	_____
Peephole in Door	_____
Dogs	_____
Special Locks	_____
Special Arrangement with Police	_____

Other (SPECIFY): _____

Services Provided

10. Do you provide any of the following services at your facility?

	YES or NO
Emergency housing not part of your facility (Ex. accommodation in private homes, motels, YWCA, etc.)	_____
Describe: _____	
Referral to other shelters outside your area for the purpose of woman's safety	_____
If YES, describe network: _____	
Welfare Referral	_____
Job Counseling	_____
Job Training	_____
Job Placement	_____
Legal Counsel	_____
Hot Line	_____
Emotional Counseling	_____
Women's Support Group	_____
Education of Victim	_____
Counseling of Batterer	_____
Education of Community with Regard to Battered Spouses	_____
Legislative Reform	_____
Joint Couple Counseling	_____
Assertiveness Training	_____
Self Defense Training	_____
Cultural/Civic Activities	_____
Recreational Activities	_____
Personal Grooming	_____
Dance Therapy	_____
Yoga	_____
Religious Activities	_____
Medical Aid	_____
Financial Assistance	_____
Parent Effectiveness Training	_____
Food	_____
Clothing	_____
Help With Finding New Housing	_____

Other (DESCRIBE): _____

PERSON COMPLETING THIS SECTION: _____ ext. _____

Orientation and Community Relations

11. Which *one* of the phrases below best describes the *orientation* of your services? (Please circle only one code number.)

Political Group	0
Religious Group	1
Detoxification	2
Private Foundation	3
Mental Health Treatment	4
Legal Aid	5
LEAA/CRIMINAL Justice	6
Feminist Group	7
Women's Group	8
Other (DESCRIBE): _____	9

12. We have noted in our research that many safe houses were established through action by various women's groups. We are interested in knowing which of the following groups, if any, were instrumental in creating your program:

(Check all that apply.)

Women's Clubs
(SPECIFY): _____
_____

Church Societies _____
YWCA's _____
N.O.W. Chapters _____
National Coalition _____
Women's Resource Centers _____
Women's Support Groups _____
Consciousness-Raising Groups _____
Women's Political Groups _____
Professional Women's Associations
(SPECIFY): _____
Other Women's Groups
(SPECIFY): _____

13. What factors and/or objectives were significant in the initiation and development of your program?

14. Would you be interested in being selected for a site visit? ..... YES _____ NO _____

15. If YES, what characteristics do you have that are unique?

16. In surveying women's resource centers, it has been noted that different levels of cooperation exist among groups concerned with common issues. Do you find that the women's "grass roots" groups (if any) and the professional network interact in your community in any way? ..... YES _____ NO _____

17. Please describe specific areas of cooperation or conflict.

WE WISH TO LEARN HOW HELPFUL THE FOLLOWING PROFESSIONALS AND AGENCIES ARE. Choices are on the following page for Questions #18 and #19

18. To the left of each choice, rate it on the scale by circling 0, 1, or 2.

19. To the right please indicate which agency you receive referrals from, and to which agency you refer clients.

(Q. 18 - Circle the best description for each)				(Q. 19 - Check all that apply)	
NO HELP	MODERATE HELP	VERY HELPFUL		REFER IN	REFER OUT
0	1	2	General Public		
0	1	2	Police Departments		
0	1	2	Place of Employment		
0	1	2	Private Physicians		
0	1	2	Hospital Emergency Rooms		
0	1	2	Social Service Departments		
0	1	2	Mental Health Centers		
0	1	2	Legal Aid		
0	1	2	Welfare		
0	1	2	District Attorney's Office		
0	1	2	Church Groups/Clergy Counseling		
0	1	2	Women's Support Groups		
0	1	2	Psychiatric Hospitals		
0	1	2	Private Psychologists/Psychiatrists		
0	1	2	Detoxification Groups		
0	1	2	Parents Anonymous		
0	1	2	Private Lawyers		
			Other (SPECIFY):		

20. From the above selection, please list in order of usefulness, those professions/agencies which have been the most cooperative:
    1. _____
    2. _____
    3. _____

21. What are the major difficulties you have encountered with those agencies/professions which you have rated as 0?

22. What are the key positive points of those agencies/professions you have rated as 2?

PERSON COMPLETING THIS SECTION _____ ext. _____

Children

23. Do you house (or treat) children? ..... YES _____ NO _____
    If YES, answer question 24 to 36.
    If NO, go on to question 37.
24. How many children have you served between Jan. 1 and Dec. 31, 1977? ..... _____
25. Do you have an age limit for the children? ..... YES _____ NO _____
26. If YES, what is the upper limit? _____ ..... lower limit? _____
27. What facilities do you provide for children? (Check all that apply.)

Playground	_____
Day Care	_____
Supervised Recreation activities	_____
Counseling	_____
Medical needs	_____
Tutoring	_____
Transportation to school	_____

Other (SPECIFY): _____

28. What difficulties do you have with children? (Check all that apply.)

Housing	_____
Discipline	_____
Legal	_____
Social/Emotional	_____
Supervision	_____
Abuse by mother while in the home	_____
Transportation to home school	_____

Other (SPECIFY): _____

29. Are there any school age children not attending school regularly? ..... YES _____ NO _____
30. If YES, Why? _____
31. Do you have difficulty placing preschool children in nearby daycare centers? ..... YES _____ NO _____
32. Do women leave their children behind when they come to the shelter? ..... YES _____ NO _____
33. If YES, with whom do they leave them? _____
34. Do you employ people to work with children? ..... YES _____ NO _____
35. If YES, are they men? ..... YES _____ NO _____
36. If YES, are they women? ..... YES _____ NO _____

PERSON COMPLETING THIS SECTION _____ ext. _____

Staff

37. Please describe your staffing pattern. (Indicate the number of individuals in each of the following categories.)

CATEGORY OF STAFF	Paid Staff	Volunteer	Females	Males
Ex-Battered Women				
Paraprofessionals				
Degreed professionals				
TOTALS				

38. Who in your program provide the following services? (Check all that apply.)

All Programs	Clients Collectively	Clients Individually	Ex-Battered Women	Paraprofessional Staff	Degreed Professionals	Other
Counseling						
Medical Assis.						
Job Assis.						
Legal Advocacy						
Welfare Advocacy						
Self-improv. trng.						
Special activ. Coord.						
Fund raising						
Transportation						
Clerical Work						
Administration						

SHELTERS

Food buying	_____	_____	_____	_____	_____	_____
Food preparation	_____	_____	_____	_____	_____	_____
Cleaning	_____	_____	_____	_____	_____	_____
Laundry	_____	_____	_____	_____	_____	_____
Child care	_____	_____	_____	_____	_____	_____

YES or NO

39. Does your staff work in shifts? _____
40. Do you cover nights? _____
41. Do you cover weekends? _____
42. Do you cover holidays? _____
43. Do you provide training for your staff? _____
44. Do you provide training for volunteers? _____
45. Do you provide *inservice* training for staff? _____
46. Do you provide *inservice* training for volunteers? _____
47. Do you have regular staff meetings? _____
48. Do you have regular meetings of staff and battered women? _____

IF YOU PROVIDE TRAINING ANSWER QUESTIONS 50 TO 52.
IF YOU DO NOT PROVIDE TRAINING, SKIP TO QUESTION 53.

50. How long does the initial training period last? _____
51. Describe the training procedure:

52. How often do you provide *inservice* training? _____
Describe the inservice training program:

PERSON COMPLETING THIS SECTION _____ ext. _____

Governance

53. Do you have a Board of Directors? YES _____ NO _____
54. If YES, please indicate categories represented:
    - Ex-battered women _____
    - Law enforcement personnel _____
    - Clergy _____
    - Business people _____
    - Corporation executives _____
    - Human service professionals _____
    - Politicians _____

    Other (SPECIFY): _____

55. Which of the following are included in your *organizational structure*? (Check all that apply.)
    - Board of Directors _____
    - Program Director _____
    - House Leader _____
    - Staff Coordinating Council _____
    - Battered women govern program through elected officers _____
    - Battered women elect representatives to staff or board management councils _____

    Other (SPECIFY): _____

56. Please indicate how decisions are made:
    - Board of Directors make all decisions _____
    - Staff hierarchy of responsibility/lines of authority _____
    - Council of staff and elected representatives of battered women make decisions _____
    - Democratic, i.e., one woman/one vote. Staff and shelter women have equal authority _____

    Other (SPECIFY): _____

57. What would be your ideal conception of a governing procedure?

PERSON COMPLETING THIS SECTION _____ ext. _____

Funding

58. Do you have a fee? ..... YES _____ NO _____
59. If YES, indicate fee: ..... _____
60. Do you have a sliding fee scale? ..... YES _____ NO _____
61. What is your high fee? ..... _____
    What is your low fee? ..... _____
63. What is the most common fee? ..... _____
64. What percentage of your income is generated from fund-raising activities such as rummage sales, dinner dances, bake sales, etc.? _____ %

65. Please indicate your status with regard to the following programs:

	Applied N/A (Indicate Date)	Received Funding (Indicate Amount)	Rejected (Indicate Pending Reason)
HUD Community Development Block Program			
HUD Rent Subsidy Program for women seeking permanent housing			
Community Service			
CETA			
ACTION			
LEAA			
Economic Development Administration			
Displaced Homemakers			

66. Please describe the 1977 *funding sources* for your program for *battered women*. Be as specific as possible and break out *amounts* for the year's operation. (Use additional pages, if necessary.) If you were not in existence for the full year, then indicate the amount of time for which you are reporting.

	1977 (or part thereof: _____) SOURCE (Name of company, agency)	AMOUNT
a. Private foundations	_____	$ _____
SPECIFY:	_____	$ _____
	_____	$ _____
b. Business donations	_____	$ _____
SPECIFY:	_____	$ _____
	_____	$ _____
c. Private donations	_____	$ _____
SPECIFY:	_____	$ _____
	_____	$ _____
d. City funding	_____	$ _____
SPECIFY:	_____	$ _____
	_____	$ _____
e. County funding	_____	$ _____
SPECIFY:	_____	$ _____
	_____	$ _____
f. State funding	_____	$ _____
SPECIFY:	_____	$ _____
	_____	$ _____
g. Federal funding	_____	$ _____
SPECIFY:	_____	$ _____
	_____	$ _____

h. Donated goods and supplies
SPECIFY: _____ $ _____
_____ $ _____
_____ $ _____

i. Donated services
SPECIFY: _____ $ _____
_____ $ _____
_____ $ _____

67. What new funding programs will you have for 1978?

	SOURCE	AMOUNT
1.	_____	_____
2.	_____	_____
3.	_____	_____

YES or NO

68. Is funding a major program for your program? ..... _____
69. Does your program want funding from federal agencies? ..... _____
70. Does your program want funding from state agencies? ..... _____
71. Does your program want funding from local government agencies? ..... _____

(NOTE: NUMBERS 69, 70 and 71 ARE NOT MUTUALLY EXCLUSIVE.)

72. Give brief rationale for your answers to questions 69, 70 and 71.

73. Who owns the building out of which you operate?

_____

PERSON COMPLETING THIS SECTION _____ ext. _____

Budget

74. Please attach a breakdown of your operating budget for 1977 (or any part of that year if you are a new program).

PERSON COMPLETING THIS SECTION _____ ext. _____

Program Policies/Procedures

75. How many women can you house at any one time? _____
76. How many children can you house at any one time? _____
77. Do you have a maximum amount of time that a woman is allowed to remain with your program? YES _____ NO _____
78. If so, what is it? _____
79. What is the average length of stay? _____
80. Do you have a maximum number of times that you permit a woman to return to your program? YES _____ NO _____
81. If so, what is it? _____
82. What is the average number of times a woman returns? _____
83a. Are there any conditions under which you refuse service to battered women? YES _____ NO _____
83b. If YES, what are the conditions?

84. Do you allow the batterer on your premises? YES _____ NO _____
85. If YES to Q. 84, for which of the following reasons?
Counseling ..... _____
Visiting ..... _____
Other (SPECIFY): _____
86. Which of the following services do you provide to the batterer? (Check all that apply.)
Counseling ..... _____
Detoxification Program ..... _____
Legal Assistance ..... _____
Job Counseling ..... _____
Job Placement ..... _____
Support Group ..... _____
Other (SPECIFY): _____

87. Does your program emphasize *crisis intervention* or *on-going* treatment? Please indicate and explain:

88. Have the police been of any help in your security operation? ..... YES _____ NO _____

89. If YES, in what ways? (Check all that apply.)

Guards ..... _____
Arrests ..... _____
Community Education ..... _____
Other (SPECIFY): _____

PERSON COMPLETING THIS SECTION _____ ext. _____

Case Characteristics

FOR QUESTIONS 90 to 99 PLEASE GIVE YOUR BEST ESTIMATE IN NUMBERS.

90. How many of the cases have alcoholism involved in the violence? ..... _____
91. How many of the cases involve battered/abused children? ..... _____
92. How many of the cases involve rape? ..... _____
93. How many women return to the battering relationship? ..... _____
94. How many women leave the relationship permanently? ..... _____
95. How many women achieve a satisfactory resolution in the relationship? ..... _____
96. How many women receive the following legal services:

Divorce ..... _____
Child Support ..... _____
Property Settlement ..... _____
Restraining Order ..... _____
Arrest of Batterer ..... _____
Prosecution of Batterer ..... _____
Other (SPECIFY): _____

97. How many of the women you serve qualify for Medicare? ..... _____
98. How many of the women you serve qualify for Medicaid? ..... _____
99. How many of the women qualify for an alternative Medical Program for the needy? ..... _____

THE FOLLOWING SECTION WILL ATTEMPT TO DRAW A PROFILE OF THE BATTERED WOMEN THAT YOU SEE AND THEIR HUSBANDS/BOYFRIENDS. PLEASE PUT NUMBERS IN THE APPROPRIATE BLOCKS, USING BEST APPROXIMATIONS OR STATISTICS YOU HAVE COMPILED.

	Battered Women	Battering Husbands/Boyfriends
100. AGE		
18-25		
26-35		
36-45		
46-55		
56-65		
Over 65		
101. EDUCATION		
Doctoral degree		
Masters degree or over		
College degree		
Some college		
12th grade or GED		
Under 12th grade		
102. INCOME PER ANNUM		
Poverty/Welfare-Under $5,000		
$ 5,000 to $ 9,000		
$10,000 to $14,999		
$15,000 to $19,999		
$20,000 to $29,999		
$30,000 to $39,999		
Over $40,000		

103. OCCUPATION

a. Executives and proprietors of large concerns and major professionals. (Physicians, Lawyers, Professors, Corporate/Bank Presidents) _____ _____

b. Managers and proprietors of medium-sized businesses and lesser professionals (Ex., R.N.'s, Ministers, Librarians, Accountants, Regional Managers, Large Farmowners) _____ _____

c. Owners of small businesses, and semiprofessionals (Ex., Social Workers, Teachers) _____ _____

d. Clerical and Sales Workers and Technicians (Ex., Factory Supervisors, Owners of Small Farms, Electricians, Plumbers & Carpenters who own their own businesses) _____ _____

e. Skilled workers (Ex., Telephone Operators, Beauticians, Barbers, Police, Firemen/women, Practical Nurses, Bartenders, Bank Tellers). _____ _____

f. Semiskilled workers (Ex., Nurse's Aides, Taxi and Truck drivers, Waitresses, Gas Station Attendants) _____ _____

g. Unskilled workers (Ex., Janitors, Migrant Farmers). _____ _____

104. ETHNIC BACKGROUND

White	_____	_____
Black	_____	_____
Chicana/o	_____	_____
Other Hispanic	_____	_____
Native American	_____	_____
Asian	_____	_____
Other (Specify):	_____	_____

PERSON COMPLETING THIS SECTION _____ ext. _____

105. COMMUNITY DESCRIPTION

a. a small town population _____
b. a small city population _____
c. a larger city population _____
d. a major city population _____
e. a county population _____
f. other _____

106. Please indicate the number of people in your community/catchment area: _____

107. The approximate racial composition of this community is:

White _____ %
Black _____ %
Chicana/o _____ %
Other Hispanic _____ %
Native American _____ %
Asian _____ %
Other (Specify): _____ %

108. The approximate residence composition of this community is:

Rural _____ %
Urban _____ %

109. The approximate socio-economic composition of this community is:

Upper (Over $100,000 per annum) _____ %
Upper Middle ($23,750-$100,000) _____ %
Middle ($10,000-$23,750) _____ %
Lower Middle ($5,500-$10,000) _____ %
Poverty (under $5,000) _____ %

PERSON COMPLETING THIS SECTION _____ ext. _____

Future Plans and Self Assessment

110. What changes do you anticipate in your program in the next 6 months?

111. What, if any, types of research projects do you think are needed on the topic of battered women?

112. What, if any, types of demonstration projects do you think are needed for battered women?

IN THIS SECTION WE WOULD LIKE YOU TO RATE YOUR PROGRAM ON ITS EFFECTIVENESS. FIRST, PLEASE LIST THE OBJECTIVES OF YOUR PROGRAM. THEN RATE EACH OBJECTIVE ON THE DEGREE TO WHICH YOU HAVE BEEN ABLE TO ACHIEVE IT.

113. OBJECTIVES: (use additional pages if necessary.)

1.
2.
3.

114. RATING: For each of your objectives, circle the number that corresponds to the degree to which it has been achieved.

	Not Achieved	Moderate Achievement	High Achievement
#1. _____	0	1	2
#2. _____	0	1	2
#3. _____	0	1	2

(Use additional pages if necessary.)

PERSON COMPLETING THIS SECTION _____ ext. _____

THANK YOU VERY MUCH FOR YOUR COOPERATION IN FILLING OUT THIS FORM. PLEASE ENCLOSE ANY BROCHURES, PAMPHLETS, ETC., WHICH CONTAIN INFORMATION ABOUT YOUR PROGRAM. WE WILL UTILIZE THE DATA RECEIVED FOR THE IMPROVEMENT AND EXPANSION OF SERVICES TO BATTERED WOMEN THROUGHOUT THE COUNTRY. YOUR HELP HAS BEEN INVALUABLE.

Are you interested in receiving the final result of this questionnaire? ..... YES _____ NO _____

APPENDIX C

Sources of Federal Assistance for Domestic Violence Programs

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This appendix is designed to communicate information on Federal agencies that assist programs serving battered women and their families to State and local governments, community-based agencies, and individuals. This appendix is presented in an attempt to ease the confusion about the numerous sources of Federal monies by providing an inventory of Federal sources, a brief description of their scope, and a way to receive additional information. Federal assistance principally is available through formula grants, project grants, and research contracts.

Formula grants are "allocations of money to States or their subdivisions in accordance with a distribution formula prescribed by law or administrative regulation, for activities of a continuing nature, not confined to a specific project." The distribution formula is often based upon the population of a State or city. Examples of formula grant programs include Law Enforcement Assistance Administration Grants (Department of Justice); social service programs financed under Title XX of the Social Security Act (DHEW); Medicaid assistance financed under Title XX of the Social Security Act; Income Maintenance Assistance financed under Title IV-A of the Social Security Act; the Food Stamp Program (Department of Agriculture); and the Community Development Block Grant Program (Department of Housing and Urban Development).

Project grants are awarded to both private and public organizations and to State and local governments. They are for the delivery of specific services or projects for an established period without liability for failure to perform. Project grants are announced in the *Federal Register* at intervals determined by law and the administering agency. Examples of project grants include Economic Development Assistance Grants (Department of Commerce); ACTION grants, and research and demonstration grants (awarded by various agencies).

Research contracts provide "Federal assistance designed to support research in situations where the transmission of funds would be better handled through contracts rather than grants." The recipient may be a university, hospital, public agency, or nonprofit research institution. Contracts are announced in the *Commerce Business Daily*, at intervals determined by the administering agency. Among the agencies that award research contracts that may be used to study domestic violence are the Department of Health, Education, and Welfare (National Center for Child Abuse and Neglect, Office of Child Development Services, National Institute of Alcohol Abuse, and the Public Health Service), the Department of Justice (LEAA), the Department of Agriculture, the Department of Labor, and the Department of Defense.

Federal assistance usually is not a source of long term funding for programs. Exceptions include the following programs: Social services available under Title XX; Medicaid available under Title XX; income maintenance programs available under Title IV-A; social services available through the Bureau of Indian Affairs; and food stamps available through the Food and Nutrition Service of the Department of Agriculture. Funding from these programs results primarily from an individual applying for benefits. In most cases, Federal funds are considered to be "seed money" to assist citizens in the "creation, development or improvement of products, processes, or programs that aid the general public." Accordingly, domestic violence programs can develop contacts within the appropriate agencies to facilitate receipt of such benefits.

Generally speaking, Federal funds are awarded on a competitive basis. When requesting information on the assistance programs, it

is important to receive instructions on the application process and to obtain a copy of the current regulations for each program. The regulations describe the purpose for service, identify activities, and describe the citizens participation requirements.

This inventory of Federal programs is not intended to be exhaustive. There are many battered women programs which will qualify for funding under special programs, such as Indian programs and Appalachian Regional Commission Programs, which will not be addressed here. But, since domestic violence has only recently become a publicly recognized social problem, many potential sources of Federal assistance have not yet been used to fund programs. It may, therefore, be possible to obtain assistance from agencies that do not appear to be sources of funding at a first glance. Every Federal agency has a Federal Women's Program Coordinator who may be able to provide background on the mission of the agency and suggest creative and innovative methods to obtain assistance. There is a section for each Federal agency for which information was available. For a complete listing of all Federal programs see the *Catalogue of Federal Domestic Assistance*.

ACTION

ACTION can provide volunteer services and small grants to assist in the use of volunteers in programs for battered women. Relevant ACTION programs include the following:

Retired Senior Volunteer Program (RSVP)

The goal of the RSVP program is to establish a recognized, meaningful life in retirement by developing a wide variety of ways that the older person can offer help. A retired teacher can work with the children of the battered women. A retired nurse may be able to conduct classes in parenting skills. A retired personnel officer may be able to conduct workshops on how to get a job.

The Mini-Grant Program

The ACTION Mini-Grant Program provides small amounts of money (not to exceed $5,000 per grant) to local private and nonprofit organizations for mobilizing large numbers of part-time, uncompensated volunteers to work on human, social, and environmental needs. Programs for battered women can use these mini-grants to mobilize volunteers to act as community organizers, increasing public awareness of this problem, as well as to provide direct services to victims.

The Foster Grandparents Program

The goal of the Foster Grandparents is to encourage low-income citizens over 60 to volunteer their services and skills in health, education, welfare, and related settings to children with special or exceptional needs by developing community-oriented, cost-shared projects. Foster grandparents can be used in a shelter to work with the children of the battered women. They can provide counseling and care to children who may be experiencing difficulty as a result of the violent situation at home.

VISTA

VISTA, Volunteers in Service to America, exists to encourage persons from all groups to supplement the efforts of community organizations to eliminate poverty and its related human, social, and environmental problems.

VISTA provides full-time volunteers at the request of nonprofit community groups to provide service for a full year in clearly defined tasks which lead to mobilization of the community's resources. The volunteers live on allowances at the level of and among the people they serve. Many volunteers, such as nurses, lawyers, teachers, nutritionists, and businessmen, contribute specific skills. All work to improve the community's ability to solve its own problems. Organizations applying for VISTA volunteers may be public or private, including State and local governments. The agency must document that the VISTA activities must directly benefit the poor, although there is no uniform income eligibility level.

VISTA volunteers should not displace employed workers, nor should any agency receive compensation for services of the volunteers. VISTA volunteers are currently being used in many programs that service battered women. Ex-battered women may serve as VISTA volunteers, providing empathy and assistance to victims of domestic violence at the same time that she herself is acquiring the skills to assure an independent and self-sufficient role within society. She would simultaneously be receiving a monthly living allowance.

Further information is available from the VISTA State or regional office or from:

ACTION
806 Connecticut Avenue, N.W.
Washington, D.C. 20525

Community Services Administration

The primary goal of the Community Services Administration (CSA) is eradication of "the paradox of poverty in the midst of plenty in this Nation." CSA's efforts are, therefore, directed toward enabling the poor to become self-sufficient and promoting institutional sensitivity and responsiveness to the needs of the poor.

In working toward this basic goal, CSA has four major objectives:

1. To represent the poor within government, make their needs and aspirations known to the Nation's decision makers, and mobilize both public and private resources on their behalf;
2. To promote the development and strengthening of community-based institutions which represent and serve the poor on the local level;
3. To undertake research and experimentation designed to expand the knowledge base about poverty problems and develop and test innovative solutions; and
4. To develop and support local programs which meet the critical service needs of the poor and provide permanent improvements in living conditions.

Overall local advocacy is based primarily on a network of Community Action Agencies (CAA's), and in the more specialized field of economic development, on Community Development Corporations (CDC's) as well. Other special or limited purpose community organizations are also supported. In all cases, CSA service and developmental programs serve as instruments for institutional change and as models for improving the living conditions of the poor and the manner in which both the public and private sectors respond to their needs.

The CSA mission, therefore, requires an approach in which representation, institution-building, experimentation, and program delivery all receive simultaneous emphasis, and in which the poor themselves participate to the fullest extent possible.

The Community Services Administration, through its grantees, provides a broad range of services (spare housing, basic education, health care, vocational training and employment opportunities, energy conservation, community food and nutrition, and senior opportunity services and programs). Although CSA does not have any special categorical program emphasis or funds for domestic violence, local services deliverers can apply for funds, supplementary services, and in-kind contributions from the local Community Action Agencies or through the State Economic Opportunity Offices.

Through its limited research and demonstration program, the agency has funded two family crisis centers in Wisconsin and two demonstration training grants in Massachusetts and Pennsylvania.

The training grants should produce specific training aids in managing shelters, fiscal management assistance, program development, counseling interventions, paralegal counseling, and use of media skills for the local service programs for battered women.

For further information on CSA grants, contact your local CSA or:

Community Services Administration
1200 19th Street, N.W.
Washington, D.C. 20506

Legal Services Corporation

Programs that service battered women may be able to obtain free legal assistance for their clients through local Legal Services Clinics, operated through the Legal Services Corporation. The Corporation currently funds over 300 legal assistance programs serving indigent clients in nearly 700 offices throughout the country. Although all programs must conform to the Federal regulations which govern the Corporation, each is run by a local board of directors. The local board establishes program policy and determines the eligibility level for services, which may vary according to the availability of alternative legal services and the standard of living in the community.

Many legal service clinics are also run in conjunction with law schools. Law students often provide legal counsel and assistance under the supervision of a faculty member and/or attorney. Agencies should inquire at nearby law schools as to the existence of this service.

For further information on the Legal Services Corporation, contact:

Legal Services Corporation
733 15th Street, N.W., Suite 700
Washington, D.C. 20005

U.S. Department of Agriculture

A battered women's shelter may qualify as a nonprofit institution eligible to receive USDA donated foods. The amount of food is based upon the number of needy persons that are served within the facility; eligibility is determined by the State distributing agency selected by the governor or legislative body.

Further information may be obtained from the local welfare office or the State education office responsible for children's nutritional programs.

Special Supplemental Food Program for Women, Infants, and Children

Programs that are affiliated with community health centers may be eligible for additional Federal assistance to purchase foods through the Special Supplemental Food Program for Women, Infants, and Children (WIC), administered through project grants to health services agencies. The funds must be used to purchase foods for pregnant or lactating women, infants, and children up until age 5.

Further information may be obtained from the WIC representative at the local or State health department.

Food Stamps

The objective of the Food Stamps Program is to improve the diets of low income households by supplementing their food purchasing ability. Households buy food stamps worth more than the purchase amount. Eligibility is determined by the local Public Assistance Office. Programs that service battered women should encourage their clients to determine if they are eligible for this service.

Cooperative Extension Services

County Cooperative Extension Services conduct educational programs in the areas of community resource development, food and nutrition, home management, family economics, child development, and parent education. Information is disseminated to the public via publications, seminars, and through the use of extension agents, who meet with citizens in their homes or at public gatherings.

Programs that service battered women may wish to use the services of the extension agents to provide information to their clients on family economics, home management, and parenting skills.

The Cooperative Extension program is administered in each State by a land-grant university chosen by the U.S. Department of Agriculture. Further information may be obtained from the local County Cooperative Extension Office.

U.S. Department of Commerce

The Economic Development Administration

Although the Economic Development Administration (EDA) is not a source of operational funds, EDA is a possible source of funding for programs that service battered women. Its primary function is the long range economic development of areas with severe unemployment and low family income problems through development of public facilities and private enterprise to help create new, permanent jobs. Its construction funds can be used to renovate the facility that would be used to promote the long term employment sought for ex-battered women.

The EDA Program includes public work grants and loans, economic adjustment assistance grants, business loans for industrial and commercial facilities, guarantees of leases for private industry and of private loans for industrial and commercial facilities and working capital, and technical planning, and research assistance for areas designated as redevelopment areas by the Assistant Secretary. The regional EDA office can identify the designated "redevelopment areas" which are eligible for EDA funds.

State and local governments, Indian tribes, and private or public nonprofit organizations or associations representing a redevelopment area or designated economic development center are eligible to receive grants or loans. The funds can be used to renovate an already existing structure for use as a shelter or second-stage housing. Further information and applications can be obtained from the EDA Regional Office.

U.S. Department of Health, Education, and Welfare

Administration for Public Service

The Administration for Public Services administers Title XX of the Social Security Act, which provides funds to States for the provision of social services. The total amount of funds available nationally is $2.9 billion, with each State entitled to a share based on population. The State must match the Federal funds on a 25/75 basis, and its share may be donated or obtained from tax funds.

The State must publish a Comprehensive Annual Social Services Plan (CASSP) prior to the beginning of a program year (typically July or October). It can be a single plan covering the whole State or a different plan for specific subdivisions. The CASSP includes a definition of services covered by the plan and the eligibility requirements. For example, a State could include services for battered women specifically with a planned level of expenditures or it could include funds for battered spouse programs under the general heading of protective services.

An individual may apply for Title XX services to the local public service agency. Protective services are available without regard to income, although this does not include payment for emergency shelter for adults. Eligibility for other services to domestic violence victims such as child care, employment-related services, and counseling is related to income and/or fee payment.

The local Title XX agency may provide services directly to individuals, refer them to available programs in the community, or

contract with the community program to provide services to eligible persons. The latter is a particularly useful mechanism for domestic violence programs to reimburse or provide for such programs' costs as employment services incurred by a program in serving persons eligible for the Title XX program.

In addition to contacting the local or State Title XX agency for funding projects, it is useful for officials of wife abuse programs to participate in the Title XX planning process. Advocates can attempt to see that the language of the plan regarding services definitions, eligibility requirements, and funding allocations is supportive of the financing of wife abuse programs. The law authorizes protective services for adults and children for all who need them.

Donated funds may be used for the State matching funds, an allowance which has been used effectively by advocacy groups to secure an increased spending on programs.

Specific facts about State Title XX programs are available from your State or local social services or welfare agency.

Administration for Children, Youth, and Families (ACYF)

National Center for Child Abuse and Neglect (NCCAN)

Although, the National Center for Child Abuse and Neglect (NCCAN) does not award grants for the provision of services to battered spouses, it has provided funds to family-oriented services for abused and neglected children, which have either directly or indirectly assisted abused spouses.

For additional information on ACYF/NCCAN funding programs, contact:

National Center for Child Abuse and Neglect
400 6th Street, S.W.
Washington, D.C. 20013

National Institute of Mental Health (NIMH)

Within NIMH, the Center for Studies of Crime and Delinquency is the focal point for research, training, and related activities in the areas of crime and delinquency, individual violent behavior, and law and mental health interactions. The Center's program is carried out primarily by research and training grants. Annual funds are approximately $4 million for the former and $1 million for the latter. The Center is currently sponsoring four projects which are related to battered women.

The NIMH Center for Family and Child Mental Health is concerned with the problems of wife abuse as a part of its overall focus on violent behavior within the family. Although current involvement is minimal, Center staff have been involved in attending conferences concerning abused women, visiting shelter programs, responding to public inquiries regarding potential support for programs which address this need, and providing limited technical assistance to organizations, agencies, and individuals interested in developing a service program for abused women.

As part of its plan for fiscal years 1979-1983, NIMH proposes to focus on understanding factors related to extreme forms of intrafamily violence, such as homicides, child abuse, and wife battering. In addition, a special planning effort will be undertaken through a series of focused workshops to reconceptualize the role of the family in mental health, define the Institute's initiatives in family related activities, and identify gaps in research, training, and service programs.

Further information on NIMH programs or funding regulations may be obtained from:

National Institute of Mental Health
5600 Fisher Lane
Rockville, Maryland 20857

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

The comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974 authorized the administration of Federal funds for a wide range of comprehensive alcoholism services, including treatment, rehabilitation, prevention, education, research, and coordination of services.

The funds are distributed as a formula grant from NIAAA to a designated State agency, which in turn disburses the funds to local agencies that provide services to alcoholics, alcohol abusers, and their families. In addition, project grants are available directly from NIAAA to local service funds administered by either public or private nonprofit organizations.

NIAAA, through its Division of Special Treatment and Rehabilitation, currently supports a number of community-based alcoholism treatment projects which provide a wide array of services available to women who are abused as a result of alcoholism. Additionally, organizations providing services to women whose abuse is alcohol-related are eligible for funding consideration through the Institute's project grant program.

During the next 5 years, the Institute will seek to double the number of family-oriented alcoholism treatment facilities. This would also increase the number of services available to women abused as a result of alcoholism.

Further information may be obtained from:

NIAAA
Division of Special Treatment and Rehabilitation
Room 11-05, Parklawn Building
Rockville, Maryland 20852

Research and Demonstration Grants and Contracts

Many programs within DHEW award grants and contracts for research and demonstration programs. Among those that have expressed an interest in awarding grants and contracts in the area of domestic violence are the following:

Office of Human Development Services
Office of Planning, Research, and Evaluation
330 Independence Avenue, S.W.
Washington, D.C. 20201

Office of Human Development Services
Administration on Children, Youth and Families
400 6th Street, S.W.
Washington, D.C. 20013

Office of Human Development Services
Administration for Public Services
330 C Street, S.W.
Washington, D.C. 20201

Office of the Assistant Secretary for Planning and Evaluation
200 Independence Avenue, S.W.
Washington, D.C. 20201

Public Health Service
300 Independence Avenue, S.W.
Washington, D.C. 20201

Health Services Administration
330 C Street, S.W.
Washington, D.C. 20201

U.S. Department of Housing and Urban Development

The Department of Housing and Urban Development (HUD) has many problems which can help meet the shelter needs of bat-

tered women's programs. These range from the emergency or short term shelter for victims, to second-stage transitional housing, and finally, to long term or permanent residences for women and their families.

Community Development Block Grant

Emergency shelters have frequently been underwritten by HUD's Community Development Block Grant (CDBG) Program, the Department's major funding program to local governments for a wide range of locally determined community development activities. Communities must demonstrate that the citizens were involved in determining the spending priorities by making available to them information on the kinds of activities that were funded in the past, as well as a description of the local application process from development to approval. The schedule of public meetings and hearings must be clearly specified.

CDBG funds can be used to acquire or rehabilitate residential structures that can serve as group homes or emergency shelters for battered women. These homes can be bought on the open market, or through HUD itself, which often has abandoned property that it sells to the public at sales and public auction. Although it is often in need of repair and renovation, the selling price is usually below the market price for property in the community. CDBG funds can be used to acquire, renovate, and make major repairs on such property.

A number of regulations restrict and affect the manner in which CDBG is administered. In general, all projects and activities funded under the CDBG Act must principally benefit low and moderate income persons, aid in the prevention or elimination of slums and blight, or meet a particularly urgent community need.

Public services may also be funded with CDBG funds if they meet the following criteria:

a. The activity must be limited to use in a neighborhood strategy area (an area where Block Grant-assisted physical development activities are being carried out in a concentrated manner);
b. The service is designed to meet the needs of the local residents;
c. The services must be new or represent an increase in the level of services provided by State and local funds in the previous year;
d. The group must have applied for and been denied Federal funding for the services; and
e. The services are necessary to support HUD's physical development activities.

Nonetheless, many local HUD area offices have chosen not to fund public services because of the increasing demand for Block Grant assistance for the actual acquisition and rehabilitation of property. Spending priorities for a local community are often determined 12 months before applications are accepted for funding. As a result, shelters are not eligible for funds in many communities because the issue of domestic violence has not been established as a priority area for funding. It is imperative that individuals inquire from their local HUD office when the spending priorities are determined so that they may be eligible for funds.

Due to the complexity associated with the application process, the local HUD area office is responsible for providing technical assistance to all requesting groups. Further information on the regulations affecting the administration of CDBG and other HUD programs can be obtained from the local HUD office, or from:

Department of Housing and Urban Development
451 7th Street, S.W.
Washington, D.C. 20410

There are also a number of other programs directed at increasing the housing options for families of all income levels. Two of the best known rental programs are traditional public housing for low income families and the Section 8 (Rent Subsidy) Program for lower income families.

Low Income Public Housing

Under this program, local public housing agencies (PHA's) develop, own, and operate low income public housing projects, financing them through the sale of tax-exempt obligations. HUD furnishes technical and professional assistance in planning, developing, and managing the projects and gives two kinds of financial assistance: preliminary loans for planning and an annual contribution to pay the debt service of PHA obligations, assure low rents, and maintain adequate services and reserve funds. Rents that are based on the resident's ability to pay contribute to the cost of managing and operating the housing.

Lower Income Rental Assistance (Section 8)

(A) Program Goals and Scope

Domestic violence programs that want to help lower income clients move from emergency shelter into second-stage or permanent housing should investigate the Section 8 Housing Program. This program has two components: The Section 8-Existing Program and the Section 8-New Construction/Substantial Rehabilitation Program. Both provide rent assistance to eligible families by paying the landlord the difference between what the household can afford to pay and the fair market rent for an adequate unit. Women's shelters can directly participate in the New Construction/Substantial Rehabilitation program as developers by building or renovating a multifamily residence to be occupied by eligible families as second-stage or permanent housing.

The Section 8-Existing Program has one major difference from the traditional Public Housing Program—namely, the tenant chooses where to live. Tenants are certified by the local PHA, then locate and lease any approved unit from any participating landlord anywhere in the affected geographic area. Prospective tenants also can use their rent assistance for the unit which they presently occupy if it meets HUD housing code requirements.

The Section 8-New Construction/Substantial Rehabilitation Program benefits both the developers of multifamily housing projects and low income families. Under this program, a developer selected by HUD through a competitive process can receive rental assistance for low income families who will occupy their units.

This program does not provide funds for construction, rehabilitation, or financing of the building. The developer is responsible for securing either private financing or a loan through HUD.

(B) Eligibility

The Section 8 Program is designed to assist only those families whose adjusted income is 80 percent or less than the median income for that area. In addition, the prospective tenant must be either an eligible family or an individual who is 62 years or older, disabled or handicapped, or displaced by public action.

(C) Administration

The Section 8-Existing Program is administered by the local Public Housing Agency. The PHA is responsible for accepting tenant applications, certifying prospective tenants, inspecting the selected apartments, and contracting with the landlord for the approved rent payment.

The Section 8-New Construction/Substantial Rehabilitation program is operated by the Multi-Family Program staff in the HUD Area Office, which advertises for proposals and selects developers.

(D) Application Procedures

Families interested in participating in the Section 8 Program must apply directly to the local PHA. If eligible, they will receive a certificate which allows them 60 days to locate a suitable unit. In some cities, the PHA will provide assistance to prospective tenants in their search. For example, the PHA might provide the family with a list of participating landlords, or a description of how to present the problem to a landlord, or transportation to the apartment. Battered women's programs can also help the family through this process.

(E) Local Contact

The primary contact for the Section 8 Program is the local PHA. In addition, for Section 8-New Construction/Substantial Rehabilitation projects only, organizations should either apply to their State Housing Finance Agency or consult their local HUD Area Office concerning submission of proposals.

U.S. Department of the Interior

Bureau of Indian Affairs

The Bureau of Indian Affairs is responsible for providing services to Indian and Alaskan Native people who reside on or near a Federally recognized Indian reservation. Individuals interested in designing programs for battered spouses should inquire about the following programs which are operated by the Bureau of Indian Affairs:

Indian Social Services: Child Welfare Assistance
General Assistance
Counseling Services to Residents of Federally Recognized Indian Reservations

Indian Employment Assistance

Indian Housing Improvements and Design Programs

Indian Credit Program: Provides project grants and direct loans which may be used for industry, agriculture, rehabilitation, housing, education, and relending by tribes and Indian organizations to their members

Technical Assistance

Further information may be obtained from the Superintendent of the local Indian reservation.

U.S. Department of Justice

Law Enforcement Assistance Administration

The Law Enforcement Assistance Administration (LEAA) funded 11 projects in FY 1978 under its Domestic Violence Research and Demonstration Program. Although the projects vary in content and focus, they are comprehensive in nature, attempting to coordinate community criminal justice and social services systems to assist victims of domestic violence. All of the projects will provide for training personnel in both of the service delivery areas.

The Community Anti-Crime Program

The objective of the Community Anti-Crime Program is to assist community organizations, neighborhood groups, and individual citizens in becoming actively involved in activities designed to prevent crime, reduce the fear of crime, and contribute to neighborhood revitalization. Grants are awarded to community organizations, which then make the funds available to neighborhood groups.

All applicants must be incorporated nonprofit community neighborhood organizations. Activities are primarily designed to be carried out by noncriminal justice agencies, although criminal justice agencies may be involved. Smaller neighborhood groups participating in a coalition model with an incorporated applicant need not be incorporated.

The program strategy is designed to "ensure that funds get to the grass-roots neighborhood level. It will accommodate newly forming community and neighborhood level anti-crime groups and encourage existing groups in other community efforts to expand their activities to include crime prevention activities." The emphasis at the neighborhood level will be accomplished through the Coalition Model and the Grass Roots Model.

An example of a coalition model could be an existing community organization that serves as the coordinator of the smaller, less formal, grassroots neighborhood groups in a comprehensive anticrime program. The larger organization would assume the responsibility for program and financial accountability, coordinate the efforts of the larger organization, and be the sole grant applicant. It would also be possible for a number of small neighborhood groups to band together to form a new incorporated nonprofit community organization.

Established grassroots organizations are also eligible to apply as individual applicants, although they are encouraged to associate with a similar organization.

Further information on LEAA Domestic Violence Research and Demonstration Grants and the Community Anti-Crime Program may be obtained from:

Law Enforcement Assistance Administration
633 Indiana Avenue, N.W.
Washington, D.C. 20531

LEAA State Block Grants

The purpose of LEAA is to assist State and local governments in strengthening and improving the law enforcement and criminal justice planning agency. The State planning agency is responsible for developing an annual comprehensive statewide plan which identifies programs, projects, and priority areas which warrant Federal assistance. The plans are developed in conjunction with representatives of the local levels.

In addition to the Block grants which are awarded in response to the State Comprehensive Plan, LEAA awards discretionary grants to States, localities, or private, nonprofit organizations. The amount of the grant is determined by a formula based upon the population of the State.

A program that services battered women may be eligible for LEAA assistance if family violence is identified as a priority area in the Comprehensive State Plan.

Further information can be obtained from your State planning agency, a list of which is available from:

National Conference of State Criminal Justice
Planning Administrators
444 North Capitol St., N.W.
Washington, D.C. 20001

U.S. Department of Labor

Comprehensive Employment and Training Act (CETA)

The Comprehensive Employment and Training Act of 1973 was originally enacted to replace categorical Federal employment training programs with a flexible and decentralized system for providing job training and employment opportunities for economically disadvantaged, unemployed, and underemployed persons. Most money authorized by CETA is made available to States, cities, counties, or combinations of general government units to support programs. Some funds, however, are earmarked for Federal departments to conduct programs targeted at certain groups.

Although Congress made several changes in the CETA legislation through the Comprehensive Employment and Training Act Amendments of 1978, the amendments will not affect the basic sources of CETA funds for battered women's programs. The principal change that should be noted is that Title I now covers administrative provisions, and what used to be Title I program funding has become Title II. The former Title II which provided funds for public service employment has become Title II, part D.

The two principal sources of CETA funds for battered women's programs are CETA Titles II and VI. Title II provides for comprehensive employment and training services, such as retirement, testing, and placement services; classroom and on-the-job training; work experience programs; and supportive services. Title VI provides for public service employment projects and public service jobs to augment the number of subsidized jobs available during periods of high unemployment. These jobs, known as "PSE

slots," are positions in government agencies and private nonprofit organizations which are assigned to CETA-eligible participants.

Title II is the preferred source of funding because it provides a more permanent basis for program operations. Since most battered women will eventually have to become self-supporting in order to extricate themselves from situations of domestic violence, services such as career and job counseling, referral to employment and training, development of job hunting skills, and placement services could be an important part of a battered women's program.

However, few programs have obtained Title II program funds for battered women's projects. The majority of CETA funding for such programs has been under Title VI for PSE slots. There is a wide range in the types of jobs that can be funded, including outreach and social workers, mental health, employment, and peer counselors, intake workers, job developers, victim support advocates, paralegals, counseling and support service aides, researchers, fundraisers, volunteer coordinators, community education specialists, and clerical workers. In addition, CETA funds have been used for public service employees to remodel and renovate facilities for battered women. Annual salaries for these workers range from about $7,000 to $10,000, the maximum allowed under the legislation.

In addition to the funding possibilities that exist under CETA Titles II and VI, it is possible for a battered women's program to obtain funding under Title III or through allocation of Governor's discretionary funds. Title III provides for special national programs, and discretionary funds are allocated by each State for special projects at the Governor's discretion. However, there is a great deal of competition for these funds, and the projects are generally funded on a one-time, limited duration basis.

Because CETA funds are administered at the local level, funding cycles and deadlines for applications are set by individual prime sponsors and information about funding timetables must be obtained from local CETA offices. The U.S. Department of Labor has prepared a booklet *A Guide to Seeking Funds from CETA* which provides further information on the CETA program and regulations. For more information contact:

Women's Bureau
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

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Domestic assault: A report on family violence in Michigan. Published by the Michigan Women's Commission, 1977. (815 Washington Square Building, Lansing, Mich. 48933.)

The first and second parts of this report focus on the victim's plight and the barriers that tend to shield the crime from public scrutiny. The third portion is a review of the evidence presented at the commission's hearings. The publication contains resource material for services and a bibliography.

Feminist alliance against rape newsletter. P.O. Box 21033, Washington, D.C. 20009

A regular column on wife abuse is included in this bimonthly publication.

Fields, M. D., & Lehman, E. *A handbook for beaten women: How to get help if your husband or boyfriend beats you.* 1977, Brooklyn Legal Services Corporation B, Brooklyn, N.Y. 11201.

This is a self-help guide to the legal system and services for battered women in the New York area.

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This handbook describes the Ann Arbor-Washtenaw County Wife Assault Task Force. Eight steps in the development of a battered woman project are outlined. Suggestions for organizing efforts within communities are also offered. This handbook includes a bibliography, survey questionnaire, court watching procedures, and other pertinent information.

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A practical guide on how to aid the victim of abuse.

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The publication describes how to use the legal system for protection in England. It could be used as a resource for development of a similar handbook for distribution in other countries.

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A resource for those interested in establishing a shelter.

How to Booklet. (Available from Women's Transition Living Center, 18962 Apple Tree Lane, Orange, Calif. 92669.)

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Response: To intra-family violence and sexual assault. Center for Women Policy Studies, 2000 P Street, N.W., Suite 508, Washington, D.C. 20036.

A resource for keeping up-to-date on woman abuse. This bimonthly publication is dedicated to the increase of public awareness on women's issues. Also available: *Programs providing services to battered women,* a directory of services.

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